



Union of British Messianic Synagogues

Name of primary contact: _____

Email / contact phone no.: _____

(Please write clearly – block capitals if hand written)

MASHIACH 2017 RESIDENTIAL BOOKING FORM – 25th to 27th May 2018

	CONFERENCE REQUIREMENTS	PRICE £	NUMBER OF PEOPLE	TOTAL (price x no. of people)
RESIDENTIAL (FULL BOARD) BASED UPON 2 SHARING OR FAMILY ROOM				
ADULT (16+)	Full residential 2 nights	£200		£
CHILD 13-16	Full residential 2 nights	£145		£
CHILD 4-12	Full residential 2 nights	£100		£
CHILD 0-3	Full residential 2 nights	Free		£
DAY VISITORS (Saturday or Sunday only) TO INCLUDE EVENING CELEBRATION AND DINNER				
ADULT (16+)	Lunch, dinner and celebration	£80 per day		£
CHILD 13-16	Lunch, dinner and celebration	£55 per day		£
CHILD 4-12	Lunch, dinner and celebration	£45 per day		£
CHILD 0-3	Lunch, dinner and celebration	Free		£
Subtotal:				£

RESIDENTIAL Family Discount: 10% deduction of total cost	Applicable for families with 2 children or more aged 4-16 yrs – RESIDENTIAL ONLY	(£)
* Single Room Supplement: add 20% per person to total cost		£
OPTIONAL DONATIONS to help cover costs of visiting speakers/performers	** I am a UK taxpayer and I wish to Gift Aid this donation	Yes/No (Please circle) £
**I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.		TOTAL COST £
Deposit non-refundable (Residential only)	PER PERSON (except children under 4)	£
BALANCE (PAYABLE BY 20th APRIL 2018)		£

Cancellation Charges % of total price	Less than 6 months notice: 50% payable Less than 3 months notice: 75% payable Less than 1 month notice: 100% payable
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PLEASE GIVE NAMES AND DETAILS FOR EACH PERSON INCLUDED ON THE FORM ABOVE

NAME	ADDRESS	EMAIL	TELEPHONE No.	AGE IF UNDER 16

ACCOMMODATION REQUIRED AND SPECIAL DIETS

Please mark in relevant boxes how many rooms you require (e.g. for family 2 twin rooms or 1 family room). We will endeavour to meet requirements according to availability.

If you wish to share with someone not named on this form, please give their name and address.)

TWIN ROOM 2 single beds	* SINGLE ROOM Single Supplement add 20% per person	FAMILY ROOM (If available)	DISABLED ACCESS 2 single beds, wide door and large shower room/wetroom	SPECIAL DIETS Please mark below any special/medical diets followed by any listed above.

Please return **THE WHOLE** completed conference form (with your deposit and/or full amount if paying by cheque*) to:
 UBMS Administrator, c/o Adat Yeshua Messianic Synagogue, Essex Street, Norwich, NR2 2BL.
 If you wish to fill in the form digitally please scan the completed form and return to administrator@ubmsonline.co.uk.

**Cheques should be made payable to UBMS*

Deposit and balance can also be paid via Internet banking (Ref: MA18 then add your surname). Please inform the UBMS Administrator (email above) when you have done so.
 (A/C Name: UBMS, Sort Code: 40-20-85 A/C: 80008788)
 or using PayPal via our website www.ubmsonline.co.uk.

Please Note: Holiday Insurance is not included in the price.
 If you wish to obtain holiday insurance, please make your own arrangements.
 Enquiries: administrator@ubmsonline.co.uk