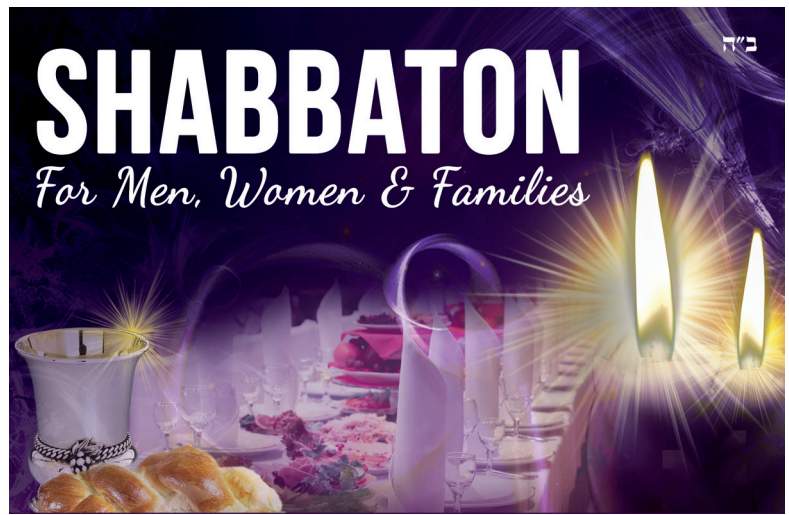


Bosworth Shabbaton Booking Form

29th- 31st March
Bosworth Hall Hotel
Market Bosworth



Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

The Shabbaton is heavily subsidised. If you are able to pay the full price we would be most grateful. if not then please pay the discounted price. We would not want anyone to feel that they cannot attend due to financial considerations.

	Quantity	Cost
Adult (Sharing a room) Full Price £220 Discounted Price £150		
Adult (Single room) Full Price £260 Discounted Price £180		
Child (Sharing room with parents) Full Price £75 Discounted Price £35		
Child (Sharing room with other children) Full Price £95 Discounted Price £45		
Child (In a Single room) Full Price £125.00 Discounted Price £95		
Total		

Payment Method Cheque BACS Credit Card

Please make cheques payable to SDHC Tzedokah Fund

BACS to SDHC Tzedokah Fund **Sort Code** 20-77-62 **Account No.** 63813207 **Reference:** Shabbaton

To make payment by Credit Card please call Rabbi Pink 07973 955 232

Please return completed forms and payment to:

Bosworth Shabbaton, 7 Granby Close, Solihull, B92 7DP

Payment includes a non-refundable deposit of £50 per adult and £10 per child. Bookings cancelled before 5th February 2019 will receive a refund of the full amount paid minus the deposit. No refunds will be given for bookings cancelled after 5th February 2019.

Please fill in the details for each person you are booking for.

Name: _____

D.O.B.: ___/___/___ Male Female

Room Required: Single Twin Double Family Room

If you have special dietary requirements please indicate below:

Vegetarian Vegan Diabetic Gluten Free Other _____

Special Requests:

For security purposes we will be providing each participant with an ID badge, please write your name as you would like it to appear on your badge: _____

Name: _____

D.O.B.: ___/___/___ Male Female

Room Required: Single Twin Double Family Room

If you have special dietary requirements please indicate below:

Vegetarian Vegan Diabetic Gluten Free Other _____

Special Requests:

For security purposes we will be providing each participant with an ID badge ,please write your name as you would like it to appear on your badge: _____

Name: _____

D.O.B.: ___/___/___ Male Female

Room Required: Single Twin Double Family Room

If you have special dietary requirements please indicate below:

Vegetarian Vegan Diabetic Gluten Free Other _____

Special Requests:

For security purposes we will be providing each participant with an ID badge, please write your name as you would like it to appear on your badge: _____

Name: _____

D.O.B.: ___/___/___ Male Female

Room Required: Single Twin Double Family Room

If you have special dietary requirements please indicate below:

Vegetarian Vegan Diabetic Gluten Free Other _____

Special Requests:

For security purposes we will be providing each participant with an ID badge, please write your name as you would like it to appear on your badge: _____

Name: _____

D.O.B.: ___/___/___ Male Female

Room Required: Single Twin Double Family Room

If you have special dietary requirements please indicate below:

Vegetarian Vegan Diabetic Gluten Free Other _____

Special Requests:

For security purposes we will be providing each participant with an ID badge, please write your name as you would like it to appear on your badge: _____

Name: _____

D.O.B.: ___/___/___ Male Female

Room Required: Single Twin Double Family Room

If you have special dietary requirements please indicate below:

Vegetarian Vegan Diabetic Gluten Free Other _____

Special Requests:

For security purposes we will be providing each participant with an ID badge, please write your name as you would like it to appear on your badge: _____