

## FRMS MUSIC WEEKEND 24-26 APRIL 2015 – RESIDENTS BOOKING FORM

[DAY VISITORS BOOKING FORM is printed overleaf]

Please use this form to book for 1 or 2 people. If you wish to include additional persons, either photocopy this form or attach a separate sheet with all the required details.

### Personal details

Name (first name + surname)		Mr/Mrs/Miss/Ms.....
Address		
Postcode:	Phone:	e-mail:

### Second person *if applicable*

Name (first name + surname)		Mr/Mrs/Miss/Ms.....
Address (if different)		
Postcode:	Phone:	e-mail:

### Accommodation requirements (please tick)

<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Twin	<input type="checkbox"/> 2 Singles
Special requirements (if any) e.g. disabled facilities, lift close by, etc.			
If you are sharing a room with someone booking separately please enter their name here			
Extra nights: To book at the special rate for Thursday and/or Sunday nights please tick the box(es)	<input type="checkbox"/> Thursday	<input type="checkbox"/> Sunday	

**Correspondence** – Please indicate by **ticking** a box, how you would like the rest of the booking process to be handled. If you select the post option, please ensure you enclose a stamped addressed envelope.

<input type="checkbox"/> By e-mail (our preferred option)	<input type="checkbox"/> By post
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**Payment** – Please make **all** cheques payable to **FRMS Ltd**, not to individuals or the hotel

The conference fee of **£40/person** is payable now. A deposit of **£80/person** for the hotel booking can be paid now or by the **1 March 2015**. The balance of the hotel charge is paid direct to the hotel during the weekend. If you wish you can send separate cheques for the conference fee and hotel deposit now but please ensure that the **hotel deposit cheque** is post-dated to 1 March 2015.

I enclose a cheque for £..... (£40/person) conference fee and will send payment of the hotel deposit not later than 1 March 2015.
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I enclose a cheque for £..... (£120/person) in payment of the conference fee and hotel deposit
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I enclose separate cheques for £..... (£40/person) and £..... (£80/person) in payment of the conference fee and hotel deposit.
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Signed .....

Date .....

**Please return this form and payment cheque(s) to Jim Bostwick, 6 Oakroyd Close, BRIGHOUSE, HD6 4BP**

## FRMS MUSIC WEEKEND 24-26 APRIL 2015 – DAY VISITORS BOOKING FORM

Please use this form to book for up to 3 people. If there are more, either photocopy this form or attach separate sheet(s) with all the required details.

### Personal details

Name (first name + surname) of person making booking		Mr/Mrs/Miss/Ms.....
Address		
Postcode	Phone	e-mail
Additional people to be included in booking (please give first name + surname)		
(Person 2) .....		Mr/Mrs/Miss/Ms.....
(Person 3) .....		Mr/Mrs/Miss/Ms.....

### Session requirements, times and prices

Approx. timings are: Friday 8.30 (5.45 if taking dinner) to 10.00 pm  
 Saturday 9.30 am to 12.30 pm, 2.30 to 5.30 pm, 8.30 (6.00 if taking dinner) to 10.00 pm  
 Sunday 10.30 am to 12.30 pm, 2.30 to 4.15 pm

Please indicate your requirements by ticking the appropriate boxes

	Friday £10	Friday dinner extra £26	Friday B&B See below*	Saturday including lunch £35	Saturday dinner extra £26	Saturday B&B See below*	Sunday including lunch £20	Sunday recital <b>only</b> £10
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Accommodation on Friday or Saturday night is available on a B&B basis at £32.50/person sharing Double/Twin or £52 Single. If you have requested accommodation for more than 1 person please enclose a separate sheet with their address(es) if different from above and whether Single, Double or Twin rooms are required.

**Correspondence** – Please indicate, by **ticking** a box, how you would like your booking to be acknowledged.

By e-mail (our preferred option)	By post
If you select the post option please ensure you enclose a stamped addressed envelope.	

### Payment and conditions

Payment for day bookings, including dinner and overnight accommodation (if required), is due in full at the time of booking. In the event of cancellation any refund will be at the discretion of the FRMS and/or the hotel. Please note that the day charge does not include use of the hotel's leisure facilities.

I enclose a cheque for £ ....., payable to **FRMS Ltd**, for the booking as indicated above.

Signature ..... Date ..... 2015

**Please return this form and payment cheque to Jim Bostwick, 6 Oakroyd Close, BRIGHOUSE, HD6 4BP**