Congregation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congregation City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No. of female rooms** |  | **Cost of room (3 nights)** |  | **Subtotal** |
|  | **Multiply by** | **$400** | **=** |  |
| **No. of male rooms** |  | **Cost of room (3 nights)** |  | **Subtotal** |
|  | **Multiply by** | **$400** | **=** |  |
| No. of family rooms |  | **Cost of room (3 nights)** |  | **Subtotal** |
|  | **Multiply by** | **$400** | **=** |  |
| **No. of Full Participants** |  | **Meals and Miscellaneous** |  | **Subtotal** |
|  | **Multiply by** | **$120** | **=** |  |
| **No. of Day Participants** |  | **Meals and Miscellaneous** |  | **Subtotal** |
|  | **Multiply by** | **$150** | **=** |  |
| **Add’l Banquet tickets** |  | **Other** |  | **Subtotal** |
|  | **Multiply by** | **$45** | **=** |  |
| **Other (Qty/Description)** |  | **Contact TSYC – Finance** |  | **Subtotal** |
|  | **Multiply by** |  | **=** |  |
|  | **Multiply by** |  | **=** |  |
| Total Amount to send | **=** |  |

Attending congregations are required to fully pay their portion of the Conference cost indicated by “Total Amount to send” column when the form above is completed. Below is a per person cost schedule based on equal distribution on a per room basis.  **NOTE: Maximum 4 people per room**.

* **$ 220** per person for four (4) Full Participants in one room
* **$ 520** per person for one (1) Full Participants in one room
* **$ 100** for children under age 8 that will eat Conference meals. Room cost is covered by other occupants. Use appropriate selection above, not counting the child, for the other occupants’ cost per person.

**NOTE: *Room cost includes full hot breakfast all three days.***