

**SOUTH YORKSHIRE FEDERATION OF WIs**  
**FEDERATION QUIZ**

Friday 4 October 2024

Armthorpe Community Centre, Church Street, Armthorpe, Doncaster DN3 3AG

Doors open at 6.30 pm - prompt start at 7 pm

WI ..... DATE .....

£30 per team of 4 ..... (you may enter more than one team if numbers permit)

Spectator @ £8 per person (including Supper) ..... AMOUNT ENCLOSED .....

Name & telephone number of one contact person .....

**NO TICKETS WILL BE ISSUED**

**PLEASE INDICATE BELOW THE NAMES OF ALL THOSE ATTENDING AND A TELEPHONE NUMBER FOR SOMEONE IN THE UNLIKELY EVENT OF AN ACCIDENT OR EMERGENCY**

NAME ..... TELEPHONE .....

Name ..... Emergency Contact name/number .....

NAME ..... TELEPHONE .....

Name ..... Emergency Contact name/number .....

NAME ..... TELEPHONE .....

Name ..... Emergency Contact name/number .....

NAME ..... TELEPHONE .....

Name ..... Emergency Contact name/number .....

NAME ..... TELEPHONE .....

Name ..... Emergency Contact name/number .....

Please continue overleaf if required.

**PLEASE LET US KNOW OF ANY DIETARY REQUIREMENTS IN THE SPACE BELOW**

Name ..... Dietary requirement .....

Name ..... Dietary requirement .....

Cheque payable to 'SYFWI' or by BACS

CAF Bank

South Yorkshire Federation of Women's Institutes

Account No: 00014286

Sort Code: 40-52-40

Can you write 'Quiz Armthorpe' and the name of your WI in the reference so that we know what the payment is for please.

If paying by BACS this form **MUST** be completed and either posted to Hall Cross Cottage, 5 Albion Place, South Parade, Doncaster DN1 2EG or emailed to [southyorksfed@gmail.com](mailto:southyorksfed@gmail.com)

Please return to the office by **17 September 2024**

✂.....

TREASURER'S COPY - to be retained by the WI Treasurer

EVENT ..... NO. OF PLACES ..... COST EACH .....

TOTAL SENT ..... CHEQUE NO ..... DATE .....