**January News and Views**

SOUTH YORKSHIRE FEDERATION OF WIs

**BRASS BAND CONCERT**

Thursday 20 March 2025 at 7 pm

Dinnington Resource Centre, 131 Laughton Road, Dinnington, Sheffield S25 2PP

WI **.** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . DATE **.** . . . . . . . . . . . . . . . . .

PLACES REQUIRED **.** . . . . . . . . . . . . . . . . AMOUNT ENCLOSED @ £12.50 per person **.**. . . . . . . . . . .

PAID BY CHEQUE 🞎 BY BACS 🞎

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 ‘Band’ and the name of your WI in the reference so that we know what the payment is for please.

This form **MUST** be completed for all payment methods 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)

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**Name and telephone number of one contact person .** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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

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

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

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

**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**

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| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |

**To be received into the office by 11 March 2025**

NO LATE APPLICATIONS CAN BE ACCEPTED.

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

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

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

**PAID** BY CHEQUE 🞎 BY BACS 🞎