April newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

**TREASURE TRAIL**

Friday 17 May 2024

St Mary’s Church Hall, Howard Road, Walkley, Sheffield S6 3RX

at 6.30 pm

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

£30 per team of 4 …. . . . . . . . . . . . . . . . (you may enter more than one team)

Spectator @ £8 per person **.** . . . . . . . . . . …….. AMOUNT ENCLOSED ………………………….

**PAID** BY CHEQUE 🞎 BY BACS 🞎

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

**NO TICKETS WILL BE ISSUED**

**PLEASE INDICATE BELOW THE NAMES OF ALL THOSE ATTENDING**

NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

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NAME ................................................................................. NAME .........................................................

NAME ................................................................................. NAME .........................................................

Please continue overleaf if required.

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 ‘T.Trail’ 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 **1 May 2024**

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

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

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