**September News and Views**

SOUTH YORKSHIRE FEDERATION OF WIs

**CHRISTMAS LUNCH**

Wednesday 20 November 2024, arrive from 12 noon for 12.30 pm

Holiday Inn, High Road, Warmsworth, Doncaster DN4 9UX

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

**Non-Members welcome at £1 extra**

PLACES REQUIRED **.** . . . . . . . . . . . . . . . . AMOUNT ENCLOSED @ £26 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 ‘HI Lunch’ 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)

..

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

**PLEASE INDICATE YOUR MEMBERS’ CHOICES BELOW AS WE NEED TO PRE-ORDER PRIOR TO THE DAY.**

**PLEASE CHOOSE 2 COURSES - STARTER AND MAIN OR MAIN AND DESSERT :-**

**STARTERS**

Caramelised Red Onion and Goats Cheese Tartlet served with Baby Leaf Salad and

Reduced Balsamic ---------------- **number required**

Honey Roast Carrot, Coriander and Cumin Soup with Bread Roll ---------------- **number required**

**MAIN COURSES**

Traditional Roast Turkey Dinner with Pigs in Blankets, Sausage Meat and Cranberry Stuffing, Seasonal Vegetables, Roast Potatoes and Gravy ---------------- **number required**

Slow Cooked Blade of Beef served with a Yorkshire Pudding, Roast Potatoes, Seasonal Vegetables and a Rosemary Red Wine Jus ---------------- **number required**

Vegan Nut Roast stacked with Chargrilled Peppers and Courgette, Baby New Potatoes and Roast Red Pepper Coulis ---------------- **number required**

Continued overleaf

**DESSERTS**

Traditional Christmas Pudding with Brandy Sauce ---------------- **number required**

Fruits of the Forest Cheesecake with Mulled Berries and Chantilly Cream

---------------- **number required**

**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**

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 ...................................................

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

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

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

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

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

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

**To be received into the office by 29 October**

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 🞎