March Newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

INSPIRING WOMEN IN YORKSHIRE

(using International Day format)

Saturday 22 June 2024 at 10 am – 3 pm

Dinnington Resource Centre, 131 Laughton Road, Dinnington,

Sheffield S25 2PP

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

PLACES REQUIRED **.** . . . . . . . . . . . . . . . . AMOUNT ENCLOSED @ £22.50 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

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

**NO TICKETS WILL BE ISSUED**

**PLEASE INDICATE BELOW THE NAMES AND TELEPHONE NUMBERS OF ALL PARTICIPANTS ATTENDING THIS EVENT**

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

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

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

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

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

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

Please continue overleaf if required. **Please return to the office by** **30 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 ………………

**PAID** BY CHEQUE 🞎 BY BACS 🞎