

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

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

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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