June newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

**OLD MOOR NATURE RESERVE**

Tuesday 17 September 2024

Old Moor Lane, Wombwell, Bolton on Dearne, Barnsley S73 0YF

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

Please indicate below which tour your members would prefer to attend. We will endeavour to give you your 1st choice but this is not guaranteed.

Meeting at 9.30 am for the 10 am tour 🞎

Meeting at 1 pm for the 1.30 pm tour 🞎

@ £6 per person **.** . . . . . . . . . . …….. AMOUNT ENCLOSED ………………………….

RSPB Members free ………………

**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 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 ...................................................

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

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

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

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 ‘Old Moor’ 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 **3 September 2024**

✂……………….......................................................................................…………………………………

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

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

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