**September News and Views**

SOUTH YORKSHIRE FEDERATION OF WIs

**CHRISTMAS LUNCH**

Friday 29 November 2024, arrive from 12 noon for 12.30 pm

Rotherham Golf Club, Doncaster Road, Thrybergh, Rotherham S65 4NU

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

**Non-Members welcome at £1 extra**

PLACES REQUIRED **.** . . . . . . . . . . . . . . . . AMOUNT ENCLOSED @ £30 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 ‘GC 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**

Cream of Tomato Soup (GF) served with a bread roll ---------------- **number required**

Duck and Orange Paté (GF) served with toasted crostini ---------------- **number required**

Prawn Cocktail (GF) served with buttered bread and fresh lemon ---------------- **number required**

Creamed Mushrooms (GF) (V) (VG) served on toast ---------------- **number required**

Lentil and Chestnut Spring Roll (V) (VG) served with cumberland sauce --------------- **number required**

**MAIN COURSES**

Braised Brisket (GF) served with Roast Potatoes and Christmas Trimmings ------------- **number required**

Pork Loin (GF) served with Roast Potatoes and Christmas Trimmings ------------- **number required**

Continued overleaf ..

Turkey (GF) served with Roast Potatoes, Christmas Trimmings and Stuffing ----------- **number required**

Seabass Fillet (GF) served with Crushed New Potato Cake, Wilted Spinach and Lemon and Dill Sauce ---------------- **number required**

Cheddar and Leek Pithivier (V) served with Roasted Root Vegetables and Garlic Cream Sauce

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

Roast Butternut, Sage and Pine Nut Tart (V) (VG) served with Vegan Feta ------------- **number required**

**DESSERTS**

Christmas Pudding (V) served with brandy sauce or custard ---------------- **number required**

Chocolate Brownie (VG) served with ice cream  ---------------- **number required**

Vanilla Créme Brulée (GF) (V) served with a brandy snap ---------------- **number required**

Chocolate and Orange Tart (V) served with malted milk anglaise ---------------- **number required**

Sticky Toffee Pudding (V) served with butterscotch sauce and vanilla ice cream -------- **number required**

Stilton and Crackers (GF) (V)---------------- **number required**

**(GF) Gluten Free (V) Vegetarian (VG) Vegan**

**PLEASE LET US KNOW OF ANY DIETARY REQUIREMENTS IN THE SPACE BELOW**

Name ……………………………………. Dietary requirement .……………..……………………………

Name ……………………………………. Dietary requirement .……………..……………………………

Name ……………………………………. Dietary requirement .……………..……………………………

Continued overleaf ..

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

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

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

LATE APPLICATIONS CANNOT 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 🞎