September newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

**CAROL SERVICE**

Monday 9 December 2024

United Reformed Church, 60 Norfolk Street, Sheffield S1 2JB

at 2 pm

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

PLACES REQUIRED **.** . . . . . . . . . . . . . . . . AMOUNT ENCLOSED @ £7.50 per person **.** . . . . . . . . ……..

Cheque payable to ‘SYFWI’ or by BACS

CAF Bank

South Yorkshire Federation of Women's Institutes

Account No:  00014286 Sort Code:  40-52-40

If paying by BACS, please write ‘Carol Service’ 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

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

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

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

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

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

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

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

Please continue overleaf if required.

To be received into the office **by 19 November 2024**

**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 🞎