July newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

**FEDERATION QUIZ**

Friday 4 October 2024

Emmanuel Methodist Church, Huddersfield Road, Barnsley S75 1DT

Doors open at 6.30 pm - prompt start at 7 pm

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

£30 per team of 4 **.** . . . . . . . . . . . …….. (you may enter more than one team if numbers permit)

Spectator @ £8 per person (including Supper) .. . . . . . AMOUNT ENCLOSED . . . . ……………

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

Please continue overleaf if required.

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

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

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

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 ‘Quiz Gawber’ 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

Please return to the office by **17 September 2024**

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

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

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

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