## **SOUTH YORKSHIRE FEDERATION OF WIS**

## **TREASURE TRAIL**

Monday 16 June 2025 Darfield Community Centre, Illsley Road, Darfield, Barnsley S73 9AL at 6 pm

WI	DATE
£30 per team of 4(you ma	ay enter more than one team if numbers permit)
£8 Spectator	
20 Speciator	
AMOUNT ENCLOSED	<b>PAID</b> BY CHEQUE $\square$ BY BACS $\square$
Name & telephone number of one contact person	
NO TICKETS WILL BE ISSUED  DI FASE INDICATE BELOW THE NAMES	OF ALL THOSE ATTENDING AND A TELEPHONE
	ELY EVENT OF AN ACCIDENT OR EMERGENCY
NAME	EMERGENCY CONTACT NAME
TEL NO:	TEL NO:
NAME	EMERGENCY CONTACT NAME
TEL NO:	TEL NO:
NAME	EMERGENCY CONTACT NAME
TEL NO:	TEL NO:
NAME	EMERGENCY CONTACT NAME
TEL NO:	TEL NO:
NAME	EMERGENCY CONTACT NAME
TEL NO:	TEL NO:
NAME	EMERGENCY CONTACT NAME
TEL NO:	TEL NO:
Dlaces continue evenloof if necessing d	
Please continue overleaf if required.	
PLEASE LET US KNOW OF ANY DIETARY	Y REQUIREMENTS IN THE SPACE BELOW
Name Detail	ls of allergy
Name Detail	ls of allergy
Cheque payable to 'SYFWI' or by BACS	
CAF Bank	

South Yorkshire Federation of Women's Institutes

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

for please.		
If paying by BACS this form <b>MUST</b> be completed and either posted to Hall Cross Cottage, 5 Albion Place, South Parade, Doncaster DN1 2EG or emailed to <a href="mailto:southyorksfed@gmail.com">southyorksfed@gmail.com</a> Please return to the office by <b>20 May 2025</b> .		
×		
TREASURER'S COPY - to be retained by the WI Treasurer		
EVENT NO. OF PLACES COST TEAM/SPECTATOR		
TOTAL SENT CHEQUE NO DATE		

Can you write 'Trail Darfield' and the name of your WI in the reference so that we know what the payment is