March newsletter

**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 may enter more than one team if numbers permit)

£8 Spectator ……………………..

AMOUNT ENCLOSED …………………………. **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  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
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| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |

Please continue overleaf if required.

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

Name ……………………………………. Details of allergy …………………..……………………………..

Name ……………………………………. Details 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

Can you write ‘Trail Darfield’ 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 **20 May 2025**.

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

EVENT ………………………. NO. OF PLACES ……… COST TEAM/SPECTATOR ……………..

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