August News and Views

SOUTH YORKSHIRE FEDERATION OF WIs

**CHEESE AND WINE EVENING**

Friday 7 November 2025 at 7 pm

The WI Hub, Unit 6, M&M Business Park, Doncaster Road,

Kirk Sandall, Doncaster DN3 1HR

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

PLACES REQUIRED **.** . . . . . . . . . . . . . . . . AMOUNT ENCLOSED @ £10 per person **.** . . . . . . . . . . . . .

**Name and telephone number of one contact person .** .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Payment by cheque payable to ‘SYFWI’ or BACS:-**

CAF Bank

South Yorkshire Federation of Women's Institutes

Account No:  00014286

Sort Code:  40-52-40

**PAID BY CHEQUE 🞎 BY BACS 🞎**

Please write ‘Cheese’ and the name of your WI in the reference so that we know what the payment is for.

**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**

|  |  |
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| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| NAME  TEL NO: | EMERGENCY CONTACT NAME  TEL NO: |
| 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 ……………..……………………………..

This form **MUST** be completed for all payment methods and either posted to Unit 6, M&M Business Park, Doncaster Road, Kirk Sandall, Doncaster DN3 1HR or emailed to [southyorksfed@gmail.com](mailto:southyorksfed@gmail.com)

**CLOSING DATE – 21 October 2025**

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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 🞎