July newsletter

**SOUTH YORKSHIRE FEDERATION OF WIs**

**FEDERATION QUIZ**

Friday 3 October 2025

Wesley Hall, Crookes, Sheffield S10 1UD

Doors open at 6.30 pm - prompt start at 7 pm

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

£30 per team of 4 **.** . . . . . . . . . . …….. refreshments included. Bring your own additional drinks and nibbles.

(you may enter more than one team if numbers permit.) 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**

|  |  |
| --- | --- |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |
| NAMETEL NO: | EMERGENCY CONTACT NAMETEL NO: |

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 Sheff’ 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 The WI Hub, Unit 6, M&M Business Park, Doncaster Road, Kirk Sandall, Doncaster DN3 1HR or emailed to southyorksfed@gmail.com

Please return to the office by **23 September 2025**

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

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

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

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