

CORNWALL FEDERATION OF WOMEN'S INSTITUTES
APPLICATION FORM

Event: _____ **Event Date:** _____

From: _____ WI

Number of places required @ £ _____ per person: _____

I enclose a cheque payable to 'CFWI' in the amount of £ _____

Contact Details (please print clearly)

Name: _____ Telephone: _____

Email: _____

Signed: _____

**Please send this application along with your cheque and a SAE with correct postage affixed to:
Chy Noweth an Conteth, Truro Business Park, Threemilestone, Truro TR4 9NH**

Please note: TICKETS ARE TRANSFERRABLE BUT NON-REFUNDABLE in accordance with CFWI policy.

NAME	WI MEMBER (Y/N)	TELEPHONE NUMBER

If more space is needed, please attach a separate sheet with additional name(s)