

CORNWALL FEDERATION OF WOMEN'S INSTITUTES
APPLICATION FORM

**NORDIC WALKING TASTER SESSION, Wednesday 19 October 2022,
10.00-11.00am**

From _____ WI

Number of places required @£10 per person _____

Tick one of the following:

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

I have paid £ _____ by BACS on (date) _____ (Ref #) _____

(Account name: CWLL FEDERATION OF WOMENS INST, account no: 00918970, sort code: 30-98-76)

Contact details (please print clearly) Name: _____

Telephone: _____ Email: _____

If paying by cheque, please send this application along with your cheque to Chy Noweth an Conteth, Truro Business Park, Threemilestone, Truro TR4 9NH. If paying by BACS, please email a copy of this application to cfwiaccounts@btconnect.com.

Closing date: Thursday 7 September 2022

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



**HEAVENLY HARVEST AT ST COLUMBA'S CHURCH,
Thursday 15 September 2022, 10.30am-3.30pm**

From _____ WI

Number of places required @£17 per person _____

Tick one of the following:

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

I have paid £ _____ by BACS on (date) _____ (Ref #) _____

(Account name: CWLL FEDERATION OF WOMENS INST, account no: 00918970, sort code: 30-98-76)

Contact details (please print clearly) Name: _____

Telephone: _____ Email: _____

If paying by cheque, please send this application along with your cheque to Chy Noweth an Conteth, Truro Business Park, Threemilestone, Truro TR4 9NH. If paying by BACS, please email a copy of this application to cfwiaccounts@btconnect.com.

Closing date: Thursday 4 August 2022

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

CORNWALL FEDERATION OF WOMEN'S INSTITUTES

**NORDIC WALKING TASTER SESSION,
Wednesday 19 October 2022, 10.00-11.00am**

WI _____

PLEASE PROVIDE NAME(S) OF APPLICANT(S) BELOW

NAME	WI MEMBER (Y/N)	MOBILE NUMBER



**HEAVENLY HARVEST AT ST COLUMBA'S CHURCH,
Thursday 15 September 2022, 10.30am-3.30pm**

WI _____

PLEASE PROVIDE NAME(S) OF APPLICANT(S) BELOW

NAME	WI MEMBER (Y/N)	MOBILE NUMBER