## CORNWALL FEDERATION OF WOMEN'S INSTITUTES **APPLICATION FORM**

## **ROSEBOWL QUIZ**

| at Ladock Community Hall<br>on Friday 15 March 2024, 2-4pm   |                                 |  |                        |  |
|--|---------------------------------|--|------------------------|--|
| From   |                                 | WI                                       |                        |  |
| £15 per team (only 1 per WI).  |                                 |  |                        |  |
| Tick one of the following:   |                                 |  |                        |  |
| I enclose a cheque payable to 'CF\   | <b>WI</b> ' in the amou         | nt of £                                  |                        |  |
| I have paid £ by BACS on   | I have paid £ by BACS on (date) |  | (Quote Ref) ROSEBOWL24 |  |
| (Account name: CWLL COUNTY FEDERATION C  | F WOMENS INST                   | account no: 00918970, sort code: 30-98-7 | 6)                     |  |
| Contact details (please print clearly) Name  | e:                              |  |                        |  |
| Telephone:   | Email:                          |  | -                      |  |
| If paying by cheque, please send this a Conteth, Truro Business Park, Threemiemail a copy of this application to accoreception@cornwallwi.org.uk | ilestone, Truro<br>ounts@cornwa | TR4 9NH. If paying by BACS, plea         | ase                    |  |
| Please note: TICKETS ARE TRANSFERRABLE E   | BUT NON-REFUNE                  | ABLE in accordance with CFWI policy.     |                        |  |
|  |                                 |  |                        |  |
| WI   |                                 | _  |                        |  |
| PLEASE PROVIDE NAME(S) OF APPLICANT(S  | ) BELOW                         |  |                        |  |
| NAME   | WI MEMBER<br>(Y/N)              | CONTACT<br>NUMBER                        |                        |  |
|  | 1 - /                           | -  |                        |  |
|  |                                 |  |                        |  |

| NAME | WI MEMBER<br>(Y/N) | CONTACT<br>NUMBER |
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