**Federation of Women’s Institutes**

Application form for BFWI Events – including Coach Travel

Please note Berkshire Federation require attendees to provide an emergency name and contact number in case they fall ill or have an accident.  The information provided is shredded after the event.  If you would please provide this information on this form, see page 2.

No tickets will be issued, so please ensure you complete the name(s) and contact details of all applicants on page 2.

|  |
| --- |
| Event  |
| Date |
| Number attending |
| Contact Name |
| Address  |
|  |
|  |

|  |
| --- |
| Contact telephone number |
| Email Address |
| WI |

***Please circle your preferred coach pick up point***

**NEWBURY MEREOAK PARK AND RIDE MAIDENHEAD**

WAYS TO PAY *Tick one option BFWI cannot accept payments by cash.*

 I wish to pay by bank transfer to;

*Account name: Berkshire Federation of Women's Institutes*

*Sort Code: 60-17-21*

*Account Number: 10030859*

*Reference: as given in the advert/flyer*

 and email your application to the organiser specified on the advert/flyer.

 I wish to pay by cheque made payable to BFWI, and send by post, with your application, to the organiser specified on the advert/flyer

Application form for BFWI Events – Page 2

Details of all those attending;

|  |  |  |
| --- | --- | --- |
| Name of person attending | Phone number | Email  |
|  |  |  |
| Emergency Contact Name | Phone Number | Relationship |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of person attending | Phone number | Email  |
|  |  |  |
| Emergency Contact Name | Phone Number | Relationship |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of person attending | Phone number | Email  |
|  |  |  |
| Emergency Contact Name | Phone Number | Relationship |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of person attending | Phone number | Email  |
|  |  |  |
| Emergency Contact Name | Phone Number | Relationship |
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| --- | --- | --- |
| Name of person attending | Phone number | Email  |
|  |  |  |
| Emergency Contact Name | Phone Number | Relationship |
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|  |  |  |
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| Name of person attending | Phone number | Email  |
|  |  |  |
| Emergency Contact Name | Phone Number | Relationship |
|  |  |  |