

For all the jigsaw fanatics amongst you, pit your wits against other like-minded members and enter our

Jigsaw Challenge 2024

At Oakington Pavilion

Monday 26 February 2024, 10am for 10.30am start



Gather a team of 4 friends from your WI and come along to take part in our annual Jigsaw Challenge to see who can complete the picture first. (If you can't find 4 members to make a team then we will try to match you with ladies from other WI's) You will be welcomed with tea and coffee from 10am.

A light lunch of soup and bread followed by a muffin will be served at about 12.30pm when all puzzles are completed.

A small prize will be awarded to the members of the winning team.

Why not bring along your old tried and tested puzzles to swap with other members on the day.

Cost £10.00 per member

- Applications must reach the WI Office by **Friday 3 February 2024**.
- No refunds will be given after the closing date but if you are unable to find a replacement, we may have a waiting list.
- Book via email cfwievents@gmail.com (adding Jigsaw Challenge in the subject field) and include your **WI, name, email address, phone number and dietary requirements for all attending** or use the form below by post.
- Payments must be paid with the booking and may be paid by BACS quoting reference **JC** to CFWI Co-op Bank. Account name: Cambridge Federation of Womens Institutes | Sort Code: 089299 | Account Number: 65122826 or by cheque made payable to CFWI with reference Jigsaw Challenge on the back.



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**CFWI – Combined Activities– Jigsaw Challenge – Monday 26 February 2024 –
Oakington Pavilion – 10 for 10.30am**

WI..... Name.....

Email..... Tel:.....

Number of places required..... Please include **ALL** names, phone numbers, and dietary requirements on form below if applying by post.

Cheques should be made payable to CFWI. Booking forms and/or cheques should be sent to the CFWI Office, Oakington Road, Girton, Cambridge CB3 0QH to arrive by **Friday 3 February 2024** and should include a stamped addressed envelope if you would like a response by post.

Please print ALL names, contact telephone numbers and indicate any dietary requirements.

Name	Email	Phone number	Dietary Requirements