



COMPANY SPONSORSHIP FORM.

(PLEASE USE THIS SPONSORSHIP FORM WHEN SEEKING SPONSORSHIP FROM YOUR EMPLOYER).

THIS FORM MUST BE SIGNED BY A SENIOR MEMBER OF MANAGEMENT AT YOUR PLACE OF EMPLOYMENT PRIOR TO STARTING YOUR CHOSEN **ACTIVITY** OR STARTING YOUR CHOSEN **EVENT** AND RETURNED TO THE CHARITY OFFICE AT THE ADDRESS BELOW AT LEAST **2 WEEKS BEFORE YOU START.**

I WOULD LIKE TO SPONSOR THE PERSON NAMED BELOW THE SUM OF £.....
PER MILE(for running)OR THE WHOLE AMOUNT OF£.....ON **FULL**
COMPLETION OF THE ACTIVITY/EVENT SPONSORED.

NAME OF SPONSOR;.....

ADDRESS OF SPONSOR;.....

TELEPHONE NO' OF SPONSOR;.....

SIGNED;..... **DATE;**.....
(MUST BE SIGNED BY SENIOR MEMBER OF MANAGEMENT)**Sponsor.**

NAME OF PERSON TO BE SPONSORED;MR/MRS/MISS.....

ADDRESS OF PERSON TO BE SPONSORED;.....

TELEPHONE NO' OF PERSON TO BE SPONSORED;.....

ACTIVITY/EVENT;.....

SIGNIATURE OF PERSON SPONSORED;MR/MRS/MISS.....

DATE;.....

(You Must Remember To Give A Medical Report,Signed By Your Doctor And Hand It Into The Office Prior To Your Commencement Of The Activity That You Have Been Sponsored For).

PLEASE GIVE A COPY OF THIS FORM TO YOUR SPONSOR,A COPY FOR YOURSELF AND A COPY FOR COMPANY SPONSOR Thank You.

NCAF

COMPANY ACTIVITY/EVENT FORM

(PLEASE FILL IN THE ACTIVITY/EVENT FORM BELOW AND HAND IT BACK TO THE OFFICE **WITHIN 2 WEEKS** PRIOR TO THE COMMENCEMENT OF THE ACTIVITY OR EVENT. **Thanks.**

NAME OF ACTIVITY OR EVENT;.....

DATE OF ACTIVITY OR EVENT;.....

TIME OF ACTIVITY OR EVENT;.....

VENUE OF ACTIVITY OR EVENT;.....

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NUMBER OF PEOPLE AT ACTIVITY OR EVENT;.....(Estimate).

Signed;.....(Activity/Events Co-ordinator Of The Charity).

Date;.....

PLEASE GIVE A COPY OF THIS FORM TO YOUR SPONSOR, A COPY FOR YOURSELF AND A COPY TO THE CHARITY OFFICE. Thank You.

