

Fundraising & Event Registration Form
Thank you for choosing to raise vital funds for
Cardiff & Vale Health Charity Registered Number 1056544

Your Details																																															
Title:	First Name:	Surname:																																													
Address:																																															
Town:		Postcode:																																													
Home Tel:		Mobile No:																																													
Email:		Date of Birth:																																													
<input type="checkbox"/> We would prefer to contact you by email – please tick here if this is NOT convenient																																															
Fundraising / Event Details																																															
Type of fundraising/event:																																															
Date:																																															
Venue name & address (if different from above):																																															
Venue telephone no:																																															
JustGiving address (if applicable):																																															
<input type="checkbox"/> Yes, I would like our event details to feature on the Cardiff & Vale Health Charity website and social media sites (tick box)																																															
Is there a special reason why you are supporting Cardiff & Vale Health Charity?																																															
Fundraising Materials			Declaration																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Fundraising materials</th> <th rowspan="2" style="text-align: center; padding: 5px;">Amt Req</th> <th colspan="3" style="text-align: center; padding: 5px;">Please Tick</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Post</th> <th style="text-align: center; padding: 5px;">Email</th> <th style="text-align: center; padding: 5px;">Collect</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Sponsorship form</td> <td style="width: 50px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Event poster</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Balloons (max 15)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Collection tin (without security chain for street collections, events etc)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Collection bucket</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Trolley Coins</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">T-Shirts £2.00 each</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Fundraising materials	Amt Req	Please Tick			Post	Email	Collect	Sponsorship form					Event poster					Balloons (max 15)					Collection tin (without security chain for street collections, events etc)					Collection bucket					Trolley Coins					T-Shirts £2.00 each					<p>By entering my name below I understand and agree that I am undertaking this event at my own risk and that Cardiff and Vale Health Charity is not responsible for any risk, injury or loss that may result, and will not be liable for any claim which may arise from this event.</p> <p>I agree to pay the proceeds from this event to Cardiff and Vale Health Charity.</p> <p>Name:</p> <p>Date:</p> <p>Please return to; Cardiff & Vale Health Charity Brecknock House, Heath park, Cardiff. CF14 4XW t: 029 2184 1802 e: lucie.barrett@wales.nhs.uk Registered Charity No: 1056544</p>	
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