Registered Charity number 1107883

Fundraising Registration

Thank you for thinking of raising money for SaTH Charity by organising your own event. To enable us to give you all the support you need, please tell us everything about your exciting event below and once we are aware of your intentions we will be in touch directly to see how we can help you make your event a success.

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| --- |
| Personal / Business Details |
| Title and forenames / Business Name |  |
| Surname / Contact |  |  |
| Address |  |
| Postcode |  | Telephone |  |
| Email address |  |  |  |
| Event |
| Brief description of the event, what activities have you got planned as part of your event? |  |
| Event location |  | Event date |  |
| Estimated Income |  | Approx number of participants |  |
| Additional information |  |
| I would like to donate the proceeds of this event towards |  |
| Have you set up an online giving page? Details |  |
| Why have you decided to support SaTH Charity? |  |
| **Declaration**I am participating in the above event of my own free will. I understand that The Shrewsbury and Telford Hospital NHS Trust’s indemnity/ insurance does NOT cover me for this event and that I have been advised to ensure I make my own insurance arrangements as appropriate since the Trust does not accept any responsibility for any injury sustained to myself or others during the course of this activity. I understand that SaTH Charity will not be held liable for any outstanding costs either pre or post event and that as event organiser, I am responsible for collecting sponsorship or outstanding payments.I wish to donate all of the proceeds from the above event to SaTH Charity. Under no circumstances, will I divert any money raised in this name to any other organisation or individual, without the full knowledge and consent of Shrewsbury and Telford NHS Hospital Trust Charity. |
| Signed |  | Date |  |
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