



SPONSORSHIP FORM

CHALLENGE 40

NAME: _____

CHALLENGE: _____

DATE STARTED: _____

DATE COMPLETED: _____

DATE FUNDS RETURNED TO SNAPPY: _____

Your name	House Number	Postcode	Amount	Gift Aid	Tick if paid
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>

SPONSORSHIP FORM CONTINUED

NAME: _____

PAGE NUMBER: _____

CHALLENGE: _____

OF HOW MANY PAGES? _____

Your name	House Number	Postcode	Amount	Gift Aid	Tick if paid
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
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			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>
			£	<input type="radio"/>	<input type="radio"/>