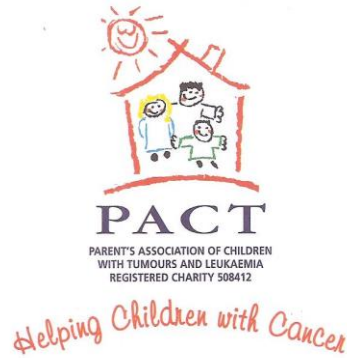


P.A.C.T.  
 SHEFFIELD CHILDREN'S HOSPITAL  
 WESTERN BANK  
 SHEFFIELD S10 2TH  
 TELEPHONE: 0114 272 4570  
 FAX: 0114 272 4570  
 EMAIL: pact@sch.nhs.uk  
 www.pactfriends.co.uk



### Fundraising Event Registration Form

Name:	
Address:	
Postcode:	
Telephone:	
Email:	

Description of event:	
Date and time of event:	
Venue details:	
Is this event for the new clinic appeal?	

- I understand that PACT will accept no liability for any loss or damage to property or injury to any person, caused either directly or indirectly by this event.
- I accept responsibility for any costs or financial losses that may be incurred.
- It is my responsibility to ensure that all appropriate laws and by-laws are observed.
- I will clearly display that PACT is to be the beneficiary of the event's proceeds.
- I agree that all the proceeds from the above event will go to PACT who will use the money in pursuance of the charity's stated objectives.

**SIGNED:** .....

**DATE:** .....

**Please complete and return to PACT**

Not valid unless this box has been stamped and signed on behalf of PACT.	
Signed: .....	Date: .....