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

PACT
PARENT'S ASSOCIATION OF CHILDREN WITH TUMOURS AND LEUKAEMIA
REGISTERED CHARITY 508412
Helping Children with Cancer

Fundraising Event Registration Form

Name:	
Address: Postcode:	
Telephone:	
Email:	

Description of event:	
Date and time of event:	
Venue details:	

- 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: .....