

NHS Big Tea - Fundraising Registration Form

Please complete and return this form so that we can send you an NHS Big Tea fundraising pack.

Title		Full name			
Address					
Postcode					
Email address					
Phone number	Home		Mobile		

If you are the lead fundraiser for a **company, organisation or community group** please also complete this section.

Organisation/Business/Group name	
Address	
Main phone number	

NHS Big Tea event details

Date of event		Time of event	
Type of event			
Venue			

Your declaration

<input type="checkbox"/>	I agree and understand that as the named Authorised Fundraiser I am responsible for ensuring the safety and security of any cash raised during my activity.
<input type="checkbox"/>	I agree to donate the proceeds of my fundraising to Mid Cheshire Hospitals Charity (MCH Charity) within 4 weeks of the completion of my fundraising. 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 MCH Charity.
<input type="checkbox"/>	I understand and agree that MCH Charity does not accept any responsibility for my event. I understand and agree that I am undertaking this activity at my own risk and that MCH Charity is not responsible for any risk, injury loss or damage that may result and will not be liable for any claim which may arise.

Print name: _____

Signature: _____

Date: _____

Thank you for
your support!