

# SPONSORSHIP FORM

LET'S WORK TOGETHER AND SHOW OUR SUPPORT  
FOR MENTAL HEALTH AND PREVENTION OF TEEN SUICIDE  
Mental health... we get it



## PARTICIPANT DETAILS:

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Signed \_\_\_\_\_

EVENT **#CHALLENGE500**

Name	Email address	Can we keep in touch with you? Please put NO if you prefer us not to	Amount per mile or fixed amount	Amount recieved

Name	Email address	Can we keep in touch with you? Please put NO if you prefer us not to	Amount per mile or fixed amount	Amount recieved

