

SPONSORSHIP FORM

LET'S WALK TOGETHER AND
SHOW OUR SUPPORT FOR MENTAL HEALTH



PARTICIPANT DETAILS:

Name _____ Contact Number _____

Address _____

Email: _____ Signed _____

EVENT

6 PEAK CHALLENGE

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

