**Team Theo Agreement Form**

**Active Challenges**

Registered Charity No. 505002

Please state if you are fundraising in a personal or business capacity and complete the relevant details below:

Personal: Business:

**Contact details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **Company Name:** **(if appropriate)** |  |
| **Address:** | Please let us know if you would like to receive Charity news: post 🞏 email 🞏 |
|  |  |
| **Postcode:** |  | **Telephone:** |  |
| **Email:**  |  |
| **Twitter and Facebook Details:** | Don’t forget to use #TeamTheo |

**Event details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Event:** |  | **Date of Event:** |  |
| **Are you fundraising as part of a group?** | YES NO **If yes, please provide:****Name of group:****Names of other participants:**(continue on a separate sheet if necessary) |
| **Just Giving /****Virgin Money Giving page name**(if appropriate) |  |

**Fundraising materials**

Visit our online fundraising tool kit at [www.tchc.org.uk](http://www.tchc.org.uk) which has templates for bunting, paper chains, press releases and much more!

**Please state:**

* How many sponsor forms you require
* What size sports t-shirt you would like (please see our size guide below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sponsor forms** |  | **T-shirt size** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Size** | **XXS** | **XS** | **S** | **M** | **L** | **XL** | **XXL** |
| **Chest** (inch) | 34 | 36 | 38 | 40 | 42 | 46 | 48 |
| **Length** (inch) | 26 ½ | 27 | 27 ½ | 28 | 28 ½ | 29 | 29.5 |

|  |  |
| --- | --- |
| **Fundraising Target:**(How much are you aiming to raise?) |  |
| **Why did you choose to be part of Team Theo?** |  |
| **How did you find out about Team Theo?** |  |

I give permission for The Children’s Hospital Charity to use any photographs I may send, for use in their literature and promotional materials, which may include their website and social media channels.

(Please tick)

I agree that **all** the proceeds from the above event will go to The Children’s Hospital Charity to support and enhance The Children’s Hospital, Sheffield’s reputation as a national centre of excellence for the prevention, care and cure of childhood illnesses.

Signature: …………………………………………………………………………………………

Date: ……………………………………………………….

Please note that if you are under the age of 16, we will require a signature from a parent/guardian for you to participate in any fundraising activity for The Children’s Hospital Charity.

Parent/Guardian signature: ……………………………………………………………………………..

Date: …………………………………………………………

**Please complete and return to The Children’s Hospital Charity, Western Bank, Sheffield, S10 2TH or**

**e-mail** **support@tchc.org.uk****. If you have a query about this form, please call us on 0114 271 7203.**