

Halloween Danceathon

Declaration Form



Information	Details
Name of Group	
Address	Postcode:
Phone Number	
Email	
Name on Bank Account	
Sort Code	
Account Number	
Danceathon Details	Details
Number of participants	
Date of Dance	
Dance Schools, Do you need glow sticks?	Yes / No If Yes, how many
Name of Group Leader	
Signed	
Where did you hear about the event?	E.g. social media, email, banner, phonecall....
Date	



Please email completed form to fundraising@stmaryshospice.org.uk