

Halloween Danceathon

Declaration Form



St Mary's
Hospice

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?	<table border="1"><thead><tr><th>Yes / No</th><th>If Yes, how many</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	Yes / No	If Yes, how many		
Yes / No	If Yes, how many				
Name of Group Leader					
Signed					
Date					



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