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?	**Yes / No** **If Yes, how many**
Name of Group Leader	
Signed	
Date	

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