

SPONSORSHIP FORM 2017



Child's Name: _____ Class: _____ Total Words Correct: _____
First and Family _____

	Sponsor's Name	Amount per word	Total sponsored	Amount Received
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
				TOTAL:

Your child is to bring this sponsorship form to the Class Teacher on test day, **TUESDAY 14 MARCH** so that results can be recorded. **NO MONEY** is to be sent on test day please.

TO BE ELIGIBLE FOR PRIZES ALL MONEY IS DUE ON OR BEFORE TUESDAY 28 MARCH. Please return this sponsorship form and money to the Class Teacher or School Office. Please note, all sponsorship forms must be returned for record keeping purposes.

PAYMENT METHOD ☐ CASH ☐ CHEQUE ☐ CREDIT CARD (complete below)

CREDIT CARD PAYMENT DETAILS

Please note we can only process one credit card payment per child.

Total Amount to Charge \$..... ☐ Tick Box for Receipt

Please Debit my: ☐ Visa ☐ MasterCard (No Diners or AMEX)

Name on Card:.....Signature:

Card Number: _____ Expiry Date: ____ / ____

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