SPONSORSHIP FORM 2017

Z	Child First

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

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:						

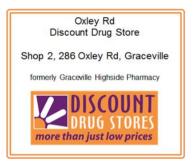


Proudly sponsored by

Name on Card:.....Signature:



Card Number:





Expiry Date: _ _ / _ _