

Fundraising

Registration Form

Please complete this form to tell us all about your event, giving as many details as possible. If you need advice or support please indicate this below and we will contact you.

Please do not contact Manchester United Football Club or patrons of Royal Manchester Children's Hospital Charity directly for support. All requests for support should be put to the Charity Team who will forward requests on to the relevant organisation or individual where appropriate. **Please note** neither Manchester United FC nor our Charity patrons will consider a request for support unless it has been made via the Charity Team.

Name: _____

Organisation name: _____

Address: _____

Postcode: _____ **Email address:** _____

Daytime telephone number: _____ **Mobile number:** _____

Name of fundraising event: _____

Date of event: _____

Details of fundraising event: (e.g. how you intend to raise money – please use overleaf if you run out of space)

Please specify here if you wish to support a particular project/ward/department within the hospital:

Please indicate here if you are supporting more than one charity at your event. Please tell us which other charity/ies you are supporting and what the split is. If tickets are required, please provide contact details and information on how to purchase them?

Yes, I would like advice on my event; please contact me regarding:

Fundraising legislation and best practice (raffles, street collections, auctions, keeping it legal)

PR support (getting my event into the local media) **Other (please specify)** _____

I/we hereby declare that all monies raised will be forwarded to the Charity no later than **six weeks** after the fundraising event. Once monies have been paid to the Charity they can be used however in accordance with Royal Manchester Children's Hospital Charity funds documentation.

I/we hereby confirm that the hospital did not request me/us to fundraise on its behalf and that we volunteer to do so. I/we hereby confirm that neither Royal Manchester Children's Hospital Charity nor any person or corporate body connected with it will be responsible for any expenses, injury or loss suffered by me/us or any third party, during or as a result of the fundraising, unless all aspects of health and safety legislation and charity law have been met.

Signature _____

Date _____

Charity Team office use only:

Approved by: _____

Date: _____

Raisers Edge ID: _____



royal manchester
children's hospital **charity**
supporting excellence in treatment, care and research

