

Young Fundraisers Registration Form

Thank you for choosing to support MCH Charity and take part in our Young Fundraiser Scheme

The money you raise will make a huge difference to the people who use our services, both in hospital and in your local community. We use money donated to us to buy special equipment, to make our hospitals look and feel better and to make people more comfortable. We also use donations to help our staff to feel better and more comfortable while they are at work.

Please complete this form and ask your parent or guardian to sign and return to us as soon as possible so that we can start supporting you to raise as much money as you can for the charity. Once we receive your completed form we will send you an authorisation letter and provide you with any resources you have requested to support your fundraising. Thanks again and good luck!

Young				
Fundraiser's				
full name				
Address				
Postcode				
Parent/Guardian				
full name				
Address (if				
different from				
above)				
Postcode				
Email address				
Phone number	Home		Mobile	

Your fundraising – please let us know what you will be doing to raise money for us I'm doing a:					
Run		Cycle		Walk	
Making items to sell Please tell us what you will be	e making				
Other (please state) Please tell us what you will be	e doing				
Date/s fundraising will tak	e places				

Why are you fundraising for MCH Charity?

If you want the money you raise to benefit a specific ward or department please tell us which one:
If you are happy to tell us, please tell us why you have chosen to raise funds for MCH Charity

Resources

Item	Quantity			
Sponsor forms Please do not create your own sponsor forms as we may not be able to reclaim the Gift Aid which is an extra 25% on top of what you raise				
un extru 25% on top of what your	uise			
Collection buckets		Collection cans		

Declaration

To be completed by parent/guardian					
Do you give permission for MCH Charity to share information that you have provided about your child's fundraising on social media & local print & radio media, so that we can promote & celebrate it?					
Yes No					
Do you give permission for MCH Charity to contact you in future about appeals, fundraising activities and					
NEWS You can change your mind about receiving information from us at any time – just tell us.					
Yes No					
Please note we will not share your personal information with anyone else unless we have your express permission. You can find out more about how we store and manage your personal data by reading our privacy policy on our website or ask us for a hard copy.					
I agree and understand that I am responsible for ensuring the safety and security of any cash raised by my child during their activity.					
I agree to donate the proceeds of my fundraising to Mid Cheshire Hospitals Charity (MCH Charity)					
within 4 weeks of the completion of my child's fundraising. Under no circumstances will I divert any					
money raised in this name to any other organisation or individual without the full knowledge and					
consent of MCH Charity. I agree that when I give the donation to MCH Charity I will return the sponsorship forms I have used					
to collect money					
I understand and agree that there is a minimum of £50 to be raised to qualify for each element of the					
Young Fundraiser reward scheme.					
I understand and agree that MCH Charity does not accept any responsibility for my child's fundraising					
activity. I understand and agree that I am supporting my child to undertake this activity at my own risl and that MCH Charity is not responsible for any risk, injury, loss or damage that may result and wil					
not be liable for any claim which may arise.					
Parent/Guardian Print name:					
Thank you lo.					
Parent/Guardian Signature:					
Parent/Guardian Print name:					

Please do not start to fundraise until you hear back from us. If you have any queries please contact the charity team on 07467 687998 or email <u>charity@mcht.nhs.uk</u>

Registered charity name and address: Mid Cheshire Hospitals Charity, Leighton Hospital, Middlewich Road, Crewe, Cheshire, CW1 4QJ Registered charity number: 1049008