

3. **Please outline how you hope to raise sponsorship (e.g. Company/family & friends/fundraising events, clubs etc) (Please note that we ask you to raise a *minimum* of £350 in return for a guaranteed place)**

4. **Does your company operate a matched giving policy?**

5. **Would you be willing to participate in local media publicity?**

DECLARATION:

I understand that I will be expected to raise a minimum of £350.00 in sponsorship exclusively for Music in Hospitals

Disclaimer: I wish to take part in the Bupa LONDON 10,000 on behalf of Music in Hospitals and agree that the charity and Bupa London organisers shall not be liable for death, personal injury or loss or damage as a consequence of my participation in this event except with regard to personal injury which is caused by the Bupa London organiser's negligence.

I understand that the Bupa London 10,000 place will be for my sole use.

Signature Date

Please return your application form to:

**Angela Hills, Community Fundraiser
Music in Hospitals, Case House, 85-89 High Street, Walton on Thames, Surrey KT12 1DZ
Or email angela@musicinhospitals.org.uk**

Tel: 01932 260810

Registered Charity No. 1051659

www.musicinhospitals.org.uk