

# Sponsorship Form

# MOVE

for

# WOAR

April 24- 30th

RUN, WALK, SWIM, DANCE, DO YOGA...  
WHATEVER GETS YOU MOVING!



Participant name:

☐

**STUDENT SPONSOR** Name of School/University: \_\_\_\_\_

☐

**INDIVIDUAL SPONSOR** (Any individual not enrolled in a School or University)

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**CORPORATE SPONSOR**

## Student or Individual Sponsor Contact Information :

First Name :

Last Name :

Address :

Post Code :

Phone No :

E-Mail :

Would you like to receive email updates from WOAR?

☐

Yes

☐

No

## Corporate Sponsorship Information :

Business Organization Name :

Website / E-Mail :

Position Business :

Phone Number :

Full Address :

Would you like to receive email updates from WOAR?

☐

Yes

☐

No

Signature \_\_\_\_\_