**BURY ST. EDMUNDS BASKETBALL CLUB
EVENT SPONSORSHIP FORM**

Please complete and hand-in to any event organisers / club coaches / team managers.

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| **NAME** |  | **TEAM** |  |
| **EVENT** |  |
| **SPONSOR NAME** | **ADDRESS** | **TELEPHONE / EMAIL** | **AMOUNT** | **PAID** |
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**FOR CLUB OFFICIAL USE ONLY:**

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| **TOTAL AMOUNT RAISED** | **£** |
| **TOTAL AMOUNT RECEIVED** | **£** |
| **DOES ANY OF THE AMOUNT RAISED NEED TO BE CREDITED TOWARDS SEASON FEES?** | **Y / N(IF YES – AMOUNT)** |
| **CLUB OFFICIAL’S NAME** |  |

**PLEASE ENSURE THAT A COPY OF THIS FORM IS RETAINED BY THE CLUB FOR THE SEASON’S ACCOUNTS.**

**ALL FUNDRAISING FORMS AND MONIES ARE TO BE PASSED TO OUR CLUB CHAIRMAN, TREASURER, SECRETARY OR HEAD COACH TO COLLATE.**