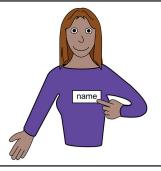
DanceSyndrome sponsorship form

Name:	
Please sponsor me for:	



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Name	Address	Postcode	Amount donated	Collected	Gift Aid
Mr A Sample	A street	AB1 2 CD	£10.00	✓	✓









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Name	Address		Postcode	Amount donated	Collected	Gift Aid
Mr A Sample	A street		AB1 2 CD	£10.00	✓	✓