Sponsorship Registration It is with many thanks to people like you who enable us to continue to support families who have. experienced the devastating impact of baby and Foundation infant loss. Without your generosity we can't continue to create a stampede of change because every life is precious! About You Full Name: Occupation: D.O.B: Address: Post Code: City: Phone: Email: Name & Date of Sponsored Event: Consent Yes No 1. Are you happy for us to share your fundraising 2. Do you have any medical conditions we need to be made aware of: **Current Medical** Conditions: Declaration I agree to follow all safety guidelines and that all money raised will be donated to Theo's Foundation. I accept Theo's will keep my data on file for a minimum of 12 months following current GDPR guidelines: Signature & Date: