



HBJS

Read-a-thon

SPONSOR FORM

Pupil name _____ Class _____

Teacher signature (to confirm participation) _____

Date of the Read-a-thon: _____

| Full name of sponsor | Address of sponsor | Total amount sponsored | Collected (Y/N) |
|----------------------|--------------------|------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total collected: £