|  |  |
| --- | --- |
| school badge white border2.png | **50:50 CLUB APPLICATION FORM** |
|  |  |  |  |  |
| Full Name: |  |
|  |  |  |  |  |
| Address:(c/o school if staff) |  |
|  |  |
| Phone no: |  |
|  |  |
| Email |  |
|  |
| Pupil Contact:(if applicable) |  | CLASS: |  |
|  |  |
|  |  |  |  |
| Number of tickets you wish to buy: |  | (At £1 per month) |
|  |  |
| COMMENCING 1ST DAY OF: (month/year)  |  |
|  |
|  |  |  |
| METHOD OF PAYMENT:(please circle) | STANDING ORDER (monthly)STANDING ORDER (annually) | ChequeCash |
|  |  |  |
| I confirm I am over 16 years old  |  | (tick) |  |
|  |  |  |  |
| SIGNATURE: (not necessary if emailing form) |  | DATE: |  |
|  |  |

Please complete this form and email to stthomasofaquinfundraising@gmail.com

or hand it into the school office in an envelope clearly marked ’50:50 club’

If paying by cheque or cash, please enclose your payment

Cheques should be made payable to ‘ST THOMAS OF AQUIN’S PARENT COUNCIL LOTTERY’