

Num.....

## Application for support from Challenge Cancer Through Adventure

CHARITY No:  
1111358

ADDRESS:  
2 AVENUE CLOSE  
STONEY MIDDLETON  
HOPE VALLEY  
DERBYSHIRE  
S30 4TA

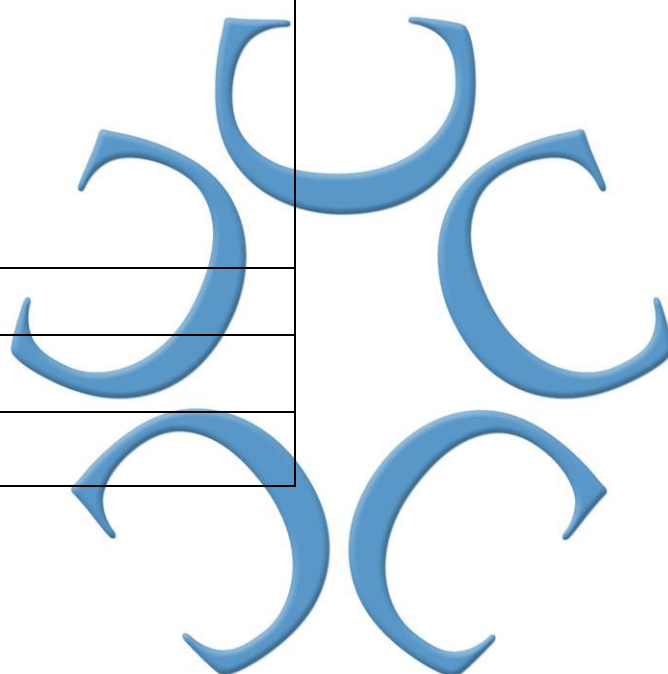
TELEPHONE:  
+44 (0)1433 631636

WEBSITE:  
WWW.CHALLENGECANCER.ORG.UK

E-MAIL:  
INFO@CHALLENGECANCER.ORG.UK

DATE:  
20 JULY 2009

<p>1. Tell us what you want to do</p>	
<p>2. Tell us what you need (e.g. expert advice, financial support, logistics support)</p>	
<p>3. When would you like to do this ? (e.g. within 1, 3 or 6 months, or 1 year)</p>	
<p>4. Anticipated cost (if applicable) What percentage of the cost do you want Challenge Cancer to meet ?</p>	
Signed	
Print Name	
Date	



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**Personal Information for Application for Support from  
Challenge Cancer Through Adventure**

Form 2

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DATE:  
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<b>Your Name and Title:</b>			
<b>Address:</b>			
<b>Telephone</b>		<b>Mobile</b>	
<b>e-mail:</b>			
<b>Preferred form of contact (please tick)</b>	<b>e-mail</b> <input type="checkbox"/>	<b>Post</b> <input type="checkbox"/>	<b>Telephone</b> <input type="checkbox"/>
<b>Brief details of medical condition:</b>			
<b>G.P. signature:</b>			
<b>Print Name:</b>			
<b>Surgery details: (stamp)</b>			
<b>Applicant's signature: .....</b>			
<b>Date.....</b>			
<b>Print Name:</b>			
.....			
<b>Please tell us how you heard about Challenge Cancer Through Adventure:</b>			

Confidentiality; all information on this form will be kept confidential, in line with the Data Protection Act and will only be used for the purposes of obtaining support from Challenge Cancer Through Adventure.

