

SFM INC. APPLICATION FORM

TRIPLE 'E' EVENT, APRIL 2008

Child's Name: _____

Parent's Name: _____

Address: _____

Phone number: _____ mob _____

Name of person referring child (this may be a parent or health professional): _____

Health professional's position and place of work: _____

Please ensure a letter is included with this application stating the reasons for seeking sponsorship.

Please tick the box to show this application has met the following criteria.

1. Child has asthma (essential)
2. Child / child's family have a concession card (copy attached)
3. Child / child's parent / person referring child has written letter (copy attached)
4. Completed Triple 'E' application form
(This form will be forwarded to the Asthma Foundation of WA if application is successful, otherwise it will be returned)

Please tick the box to permit SFM to collect media material during the April Triple 'E' event only for the purposes of marketing future Triple 'E' events

Please note

- *All applications will be considered - even if the child doesn't meet ALL criteria, the application will still be considered so forward it to us*
- *This is only an application - confirmation of sponsorship will be posted back to you.*

Please post application to: 16 Dalwood Road, SWAN VIEW WA 6056

For further information contact: Natalie on 0414 936 058