



**MANDELA WEEK – #FOLLOWTHESUN
TUESDAY, 19 JULY 2016**



REGISTRATION TO PARTICIPATE

CARNIVAL CITY

INVOICING DETAILS			
COMPANY NAME:			
POSTAL ADDRESS:			
		POSTAL CODE:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
VAT NUMBER:			
CO REGISTRATION NO:			

Please indicate:

1. Number of Teams - 20 People per team

Teams	Volunteers	Donation	✓
1	20	R10,000	
2	40	R20,000	
5	100	R50,000	
8	160	R80,000	
10	200	R100,000	

2. Shift time/s

Shift	Shift Times	# of Teams
SHIFT 1	08:00 TO 09:07	
SHIFT 2	10:00 TO 11:07	
SHIFT 3	12:00 TO 13:07	
SHIFT 4	14:00 TO 15:07	

PRINT FULL NAME OF PERSON SIGNING THIS REGISTRATION:			
CONTACT NUMBER		EMAIL ADDRESS:	
NAME OF PERSON RESPONSIBLE FOR PAYMENT:			
CONTACT NUMBER		EMAIL ADDRESS:	

NOTE: INVOICE AND MOU TO FOLLOW RECEIPT OF THIS REGISTRATION. THIS REGISTRATION IS CONFIRMED ON PAYMENT OF THE INVOICE AND RECEIPT OF THE CONFIRMATION OF PAYMENT (email to: events@stophungernowsa.org). INVOICE NUMBER TO BE USED AS REFERENCE NUMBER FOR PAYMENT.

DONOR AUTHORISED SIGNATURE:

NAME (PRINT IN FULL)

SIGNATURE

PLACE SIGNED

DATE

FOR STOP HUNGER NOW SOUTHERN AFRICA

BRIAN NELL (NATIONAL OPERATIONS MANAGER)