

WAVE OF LIGHT SERVICE INFORMATION FORM



Please complete this form to provide Baby Loss Awareness¹ with details of your proposed service. If you plan more than one event/activity then you should complete a form for each event. **If you intend to raise funds for the Baby Loss Awareness campaign at your service you should also complete the fundraiser's agreement form below.**

Personal Details (please use block capitals)

Title		Surname	
Forename			
Address			
		Post Code	
Tel day/work/mobile			
Tel home			
Email address			

Event Details (please use block capitals)

Name of Event		
Type of Event		
Proposed Date of Event		Office use only Our Ref:
Please provide details of your event:		

By completing this form, you agree and understand that Baby Loss Awareness cannot be held responsible for any personal injury, damage to property or financial losses that may occur as a result of the event named above.

SIGNED:

DATE:

Please return this form to:

Baby Loss Awareness, PO BOX 13703, Musselburgh. EH21 6WX.

For further information about Baby Loss Awareness please contact the Campaign Co-ordinator at the above address, visit www.babyloss-awareness.org, email events@babyloss-awareness.org or call 07900 495436.

The information you provide will not be divulged to any other organisation or third party out-with Baby Loss Awareness.

Thank you for your support

¹Baby Loss Awareness is a collaboration between the following organisations: ARC (Antenatal Results and Choices), Registered Charity No: 299770; Babyloss, a voluntary organisation www.babyloss.com; The Ectopic Pregnancy Trust, Registered Charity No: 1071811; The Miscarriage Association, Registered Charity No: 1076829; Sands, the stillbirth & neonatal death charity, Registered Charity No: 299679.