



**CHARLES DICKENS GRUNDSCHULE  
2018**

# **BOOK WEEK SPONSORSHIP FORM**

**NAME OF CHILD:**

**AGE:**

**CLASS:**

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Dear Sponsor,

Please enter your name and the amount you have agreed to pledge for each book read (e. g. €0,20 per book \*- or per chapter in novels). At the end of the week the child will show you the Book Week Certificate with the number of books he/she has read and collect the total amount of the pledge (e. g. 15 books x € 0,20 = € 3,00).

NAME OF SPONSOR	AMOUNT PER BOOK	NUMBER OF BOOKS READ	TOTAL DUE
			Total:

