

For Local Hospitals on 1350 MW



Music & Entertainment
for the
Great Yarmouth & Lowestoft Hospitals

Programme Sponsor Application

| | | |
|--|---------|--|
| Name Of Business: | | |
| Address: | | |
| Phone Number: | | |
| Contact: | | |
| The following are suggested sponsorship fees: (please tick applicable choice) | | |
| 1 hour show for 6 months (26wks) | £30.00 | |
| 1 hour show for 1 year (52wks) | £50.00 | |
| 2 hour show for 6 months (26wks) | £55.00 | |
| 2 hour show for 1 year (52wks) | £100.00 | |
| Preferred Wording for Mention: | | |
| I enclose a cheque, payable to 'Hospital Radio Yare' for: | £ | |

Signed:

Date:

Northgate Hospital
Northgate Street
Great Yarmouth
Norfolk NR30 1BU
Telephone: 01493 842613