



APPLICATION FORM 2025



FUNDRAISING PROJECTS FOR SCHOOLS

PLEASE PRINT CLEARLY IN BLOCK LETTERS

NAME OF SCHOOL: _____

NAME OF PRINCIPAL: _____

NAME OF ORGANISER: _____

DELIVERY ADDRESS:

CELL NR. (ORGANISER): _____

TEL NR. (SCHOOL): _____

NUMBER OF CLASS SECTIONS: _____

NUMBER OF TEACHERS: _____

EMAIL (SCHOOL): _____

EMAIL (ORGANISER): _____

NUMBER OF PUPILS: ENGLISH
 AFRIKAANS

PLEASE ENTER THE EXACT AMOUNT OF PUPILS THAT WILL PARTICIPATE / NOT THE TOTAL AMOUNT OF PUPILS IN YOUR SCHOOL

THE PROJECT(S) WE WILL TAKE PART IN WILL BE: (Make a cross in the appropriate block(s))

YOUR SCHOOL CAN DO PROJECT **A** ONLY ONCE A YEAR. PROJECT **A** IS AVAILABLE FOR THE 1ST, 2ND AND 3RD TERM. PROJECT **B** IS ONLY AVAILABLE FOR THE 3RD TERM. AS AN EXAMPLE: YOUR SCHOOL CAN DO PROJECT **A** IN THE FIRST TERM AND PROJECT **B** IN THE 3RD TERM.

PROJECT A:
THE TERM WE WILL PARTICIPATE IN IS:

1ST 2ND 3RD

PROJECT B:
ONLY IN THE 3RD TERM:

3RD (EXPRESS PROJECT)

I, _____ UNDERTAKE ON BEHALF OF, _____ (SCHOOL)

TO PARTICIPATE IN THE 2025 FUNDRAISING PROJECT FOR SCHOOLS, PRESENTED BY SEÑOR CHEF.

SIGNED: _____ DATE: _____

WE WILL CONFIRM YOUR PARTICIPATION WITHIN 10 WORKING DAYS.

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