



Community Fundraising Registration Form

Fundraising Coordinator

Title: _____ First Name: _____ Surname: _____

Company / Organisation Name (if applicable): _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

Fundraising Details

How do you plan to raise funds for the Telethon Institute for Child Health Research?

Title of fundraiser / event: _____

Proposed date / time-frame: _____

Address / Venue (if applicable): _____

Estimated number attending (if applicable): _____

How much do you hope to raise: \$ _____

How do you intend to promote your fundraiser or event?: _____

Are there any other organisations involved (include sponsors, other charities or fundraisers)?: _____

Tell us briefly about your fundraiser / event (plan, how funds will be raised / solicitation for donations / sponsorship etc. Attach any relevant materials):

Agreement

1. I _____ (Coordinator's name) accept the terms and conditions of the Telethon Institute's Community Fundraising Guidelines.
2. I agree to conduct my fundraising activity in accordance with those terms and conditions and in a manner which upholds the values of the Telethon Institute for Child Health Research.

Signature: _____

Name (please print): _____

Date: _____

Please return this form to the Public Relations Office at the Telethon Institute for Child Health Research.

Address: PO Box 855, West Perth, WA 6008 or fax to 08 9489 7700.