

FUNDRAISING REGISTRATION FORM



Perry Cross
Spinal Research
Foundation

To Cure Paralysis For All

CONTACT DETAILS

Name of Event Coordinator: First Name: _____ Last Name: _____

Name of Community Group/Company: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Phone: _____ Email: _____

EVENT DETAILS

Date(s) of fundraising activity: Begin date: _____ End date: _____

TYPE OF FUNDRAISING ACTIVITY

- ☐ Event ☐ Raffle ☐ Auction (silent or live) ☐ Personal Challenge
☐ Personal Contact (Mail, Phone Email) ☐ Other

Details: _____

If you chose "Other", please comment: _____

WHO ARE YOU SOLICITING FOR SUPPORT/PARTICIPATION?

- ☐ Family ☐ Friends ☐ Colleagues ☐ Businesses ☐ Other

If you chose "Other", please comment: _____

Location of Activity: _____

How many people do you expect to attend the event/activity? _____

ESTIMATED DONATION: \$ _____ (this is not a guarantee, simply a target for your fundraising activity)

DECLARATION

I will

1. Undertake to provide a full accountability of the event by overseeing all monies collected that will be deposited / sent to Perry cross Spinal Research Foundation (PCSRF) and if requested, will provide a full audit statement for same.
2. Use my best endeavours to raise money for PCSRF and not do anything to bring PCSRF into disrepute.
3. Obtain and pay all the money raised within four weeks of completion of the event.
4. Show PCSRF any media releases or printed materials using the charity's name or logo for approval before printing and distribution.
5. Not hold a raffle without contacting PCSRF for approval.
6. Comply with any legal requirements related to the event.
7. I acknowledge PCSRF is not responsible for any debts or monies owed to any person or organisation incurred as a result of fundraising ventures undertaken by me or on my behalf.

Event Coordinator Signature: _____ **Date:** _____

Note: Event Coordinator is the person responsible for the entire fundraising event.

All information collected will remain confidential and only used by Perry Cross Spinal Research Foundation.
Please either email this completed form to team@psrf.org.au or post to:
Perry Cross Spinal Research Foundation, P.O. Box 8244, GCMC Qld 9726