



## COMMUNITY FUNDRAISING REGISTRATION FORM

### Contact Name

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### Organisation or Group Name (if applicable)

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### Contact Details

Phone number:	
Email address:	
Postal address:	

### Details of Fundraising Event/Activity

Event name:		
Start date:		End date:
Event Location:		
Brief description of event:		
Why have you chosen to support Fight Parkinson's?		

### Marketing Support

Please indicate the marketing support you require from Fight Parkinson's:

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## Financial Component of Event/Activity

How will funds be raised?		
What is your fundraising target?		
Will any other charity receive part proceeds? If yes, please state which organisation and approx. % of funds:		
<b>Brief outline of budget for the event:</b>	<b>Details:</b>	<b>\$</b>
Estimated income		\$
Estimated expenses		\$
Estimated income less expenses		\$
Estimated amount to be raised for Fight Parkinson's		\$

## Declaration

I, the above mentioned (and undersigned) person, or on behalf of my organisation, hereby agree to complying with the Fight Parkinson's Community Fundraising guidelines and will donate all the money raised from the fundraising event/activity to Fight Parkinson's within 28 days of the event/activity being concluded.

I will ensure that:

- Money will be kept securely, and counted with at least two people present before it is handed over to Fight Parkinson's.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please contact Fight Parkinson's on (03) 9581 8700 should you have any concerns when completing this Form. Please return to Fight Parkinson's via fax (03) 9888 4605 or email to [info@fightparkinsons.org.au](mailto:info@fightparkinsons.org.au)**

**Office Use Only:** Received on: \_\_\_\_\_ Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this original Community Fundraising Registration Form will be kept on record at Fight Parkinson's. Fight Parkinson's is registered with Consumer and Business Affairs Victoria to fundraise in Victoria.