

## Community Fundraising Registration and Proposal Form

### Activity Organiser's Details

#### Contact Name

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#### Organisation or Group name (if applicable)

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#### Contact Details

Phone Number:		Email Address:	
Postal Address:	Street:		
	Town / Suburb:	State:	Postcode:

### Details of Fundraising Activity

Activity Name:			
Start Date:	Time:	End Date:	Time:
Activity Location:	Name of Venue:		
	Venue Address:		
	Indoor or Outdoor		
Brief description of activity:	Eg, lawn bowls night – funds will be raised through entry fees, catering, raffle on the day, games and donations		
Have you ever raised funds for another charity before?	No	Yes	If yes, which organisation?
Why have you chosen to support the RFDS?	<input type="checkbox"/> I have been assisted by the RFDS ( <input type="checkbox"/> I would be happy to share my story) <input type="checkbox"/> Someone I know has been assisted by the RFDS <input type="checkbox"/> I prefer to support Australia charities <input type="checkbox"/> It is an essential service for people who live, work & travel in rural and remote Australia		<input type="checkbox"/> I respect the job you do <input type="checkbox"/> The Flying Doctor provides health service to indigenous communities <input type="checkbox"/> My family or I might ne help on day <input type="checkbox"/> Other

### Financial Component of Fundraising Activity

What is your fundraising target?		
Will any other charity receive part proceeds? If yes please state which organisation and approx % of funds		
Is this a ticketed event?	Presold only	Public Event
Estimated number of guests:		
Is this an annual or one-off fundraiser?		
Sponsors being approached (To ensure there is no conflict with our policies or current sponsorship arrangements.)		

## Budget

Please complete using as accurate estimations as possible. We understand that this may change once you have started organising the activity, and depending on the scale of your activity, we may wish to work through a more detailed budget later.

	Details / Explanations (circle those relevant)	Amount
Estimate Income	Eg Ticket sales, Raffle, Donations, auction, competitions, Everyday Hero	\$
Estimated Expense	Eg Venue Hire, Catering, decorations, entertainment, printing, promotional material, prizes	\$
Estimated Income Less Expenses		\$

## Permits

Permits: (if relevant)	Liquor license no:	Council permit no:
	Food permit:	Are animals involved in the event? Y / N
	Other	
Have you contacted the relevant authorities? (if relevant)	Vic Police Y / N	First Aid Y / N
Do you have public liability insurance?	Y / N - (attach if necessary)	

I would like to request the following support/assistance from the RFDS:

- |   |   |
|---|---|
| <input type="checkbox"/> RFDS information brochures/newsletters | <input type="checkbox"/> Display materials        |
| <input type="checkbox"/> Use of the RFDS logo                   | <input type="checkbox"/> Collection/Donation tins |
| <input type="checkbox"/> RFDS representative at event           | <input type="checkbox"/> Other _____              |

## Declaration

I, the above mention (and undersigned) person, or on behalf of my organisation agree to the terms and conditions as outlined in the Royal Flying Doctor Service – Victorian Section (RFDS VIC) 'Community Fundraising Guidelines' and indemnify RFDS VIC from and against any claim for injuries or damage arising at or from the project/event that is the subject of this application.

I agree to conduct my fundraising activity in accordance with those guidelines and in a manner which upholds the integrity, professionalism and ethos of the RFDS VIC and agree that all publicity for the propose event must be approved by RFDS Vic prior to being released and printer.

The RFDS VIC reserves the right to withdraw approval for the fundraising activity any time if it believes any aspect of the proposed fundraising activity no longer fits within its fundraising guidelines.

Full Name:.....

Signature:..... Date:.....

(Signature of Parent/Guardian if under 18):.....

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

*A copy of this original Fundraising Form will be kept on record at Royal Flying Doctor Service Victorian Section.*

*RFDS has the right to decide whether or not a fundraising event can take place.*

*Please return via fax (03) 9686 3437 or email – [heather.rendell@rfdsvic.com.au](mailto:heather.rendell@rfdsvic.com.au)*