



# FUNDRAISING REGISTRATION FORM

Royal Flying Doctor Service  
QUEENSLAND SECTION

Thank you for supporting the Flying Doctor through fundraising, you're almost there! By completing this form you are taking the final step towards making a difference in the lives of people living, travelling and working in regional, rural and remote Queensland.

## FUNDRAISER CONTACT DETAILS

Name:  D.O.B:

Name of Company/Group:

Postal Address:

Suburb:  State:  Postcode:

Daytime phone:  Mobile:

Email:

I would like to receive...  the RFDS newsletter (post)  the RFDS e-newsletter (email)

## DETAILS OF FUNDRAISING ACTIVITY

Name of fundraising activity:

Venue:  Date / time:

Type of activity: e.g trivia night

How will funds be raised?  
e.g \$5 entry, auction

Will there be any other beneficiaries? If yes, please provide details including the name of the other organisations and how the funds will be shared.

Total estimated income from fundraising activity: \$

Estimated Expenses: \$   I/we will cover costs  
 Expenses will be deducted from income raised



# FUNDRAISING REGISTRATION FORM CONTINUED

Royal Flying Doctor Service  
QUEENSLAND SECTION

## DETAILS OF FUNDRAISING ACTIVITY CONT.

Why have you  
chosen to support  
the Flying Doctor?

Please tick each of the boxes that apply to your activity:

Raffles or auction

Machinery

Animals

Fireworks

Do you have public liability insurance?

Please provide the name of the insurer and the  
policy number.

**Please note: the RFDS cannot provide public liability insurance for your fundraising activity.**

Have you obtained the required  
permits? If so, provide details.  
(e.g licquor license, council approval)

Would you consider organising this fundraiser again?

How often?

Monthly

Annually

Biannually

## RFDS SUPPORT

Please tick if you would like the following:

An RFDS representative to attend the event

Subject to availability, working and personal commitments

Use of the RFDS logo

All use of the RFDS logo must have prior approval from the RFDS

Listing on RFDS online events calendar

Requires date, time, location and contact details

If you would like us to send you any of the following materials, please indicate the quantity  
required. To keep control of expenses, requests for large quantities may be reduced.

Information brochures

Balloons

Donation tins

Bumper stickers

Kids stickers

Event Posters

# FUNDRAISING REGISTRATION FORM CONTINUED



## DISCLAIMER AND FUNDRAISING AGREEMENT

I acknowledge that in signing this form I have read and understood the RFDS Community Fundraising Guidelines provided to me.

I agree to conduct my event or activity in accordance with these guidelines and in a manner which upholds the integrity, professionalism and reputation of the Royal Flying Doctor Service (Queensland Section).

I understand and accept that the RFDS reserves the right to withdraw approval for the fundraising activity at any time if it believes any aspect no longer fits within its fundraising guidelines.

Full name:

Signature:

Date:

Thank you for choosing to support the Royal Flying Doctor Service. The gifts you receive from colleagues, family, friends and the community will truly make a difference by helping the RFDS to continue taking the finest care to the furthest corners of Queensland

## SUBMITTING YOUR APPLICATION

### By Mail:

Fundraising Coordinator  
RFDS Queensland Section  
12 Casuarina Street  
Brisbane Airport  
BRISBANE QLD 4008

### By Fax:

07 3860 1122

### By Email:

[community@rfdsqld.com.au](mailto:community@rfdsqld.com.au)