

Fundraising Proposal and Agreement

Fundraiser/Event Coordinator

Name _____

Name of organisation (if applicable) _____

Address _____

Phone (bh) _____ (mob) _____ Email _____

Website www _____

Name of personal referee _____ Address _____

Relationship _____ Phone _____ Email _____

Fundraiser/Event

Name of fundraiser/event _____

Proposed date/timeframe of your fundraiser/event _____

Address/Venue of fundraiser/event _____

Tell about your fundraiser/event (plan, number of people attending, how funds will be raised etc)

How do you intend to promote your event? _____

Do you have or intend to seek public liability insurance for your event?

No Yes (please give details _____)

Administration

Do you require tax-deductible receipts from The Cancer Council? No Yes

Do you require raffle books from The Cancer Council? No Yes

Will you need support/assistance from The Cancer Council? (*Signage, donation tins, advice, literature, representative*)

No Yes (please specify) _____

Fundraiser/Event Budget

How much money do you aim to raise for The Cancer Council? _____

Will another organisation from the fundraising? No Yes
If yes, please state which organisation & approx. % of funds _____, _____%

Proposed Expenditure

Anticipated Income

	\$		\$
Total		Total	

Representing the Cancer Council NT

What is your motivation to raise funds for the Cancer Council NT? _____

Have you ever raised funds for the Cancer Council NT before? _____

No Yes (please give details) _____

Do you want to use the Cancer Council NT logo? (please see Guideline)

No Yes (please give details) _____

Do you plan to hold your own fundraising events for The Cancer Council on an ongoing basis?

No Yes (please give details) _____

Names of sponsors (both secured and ones you intend to approach, to ensure there is no conflict with our health policies and/or current sponsorship arrangements) _____

Disclaimer and Fundraising Agreement

The Cancer Council reserves its rights to withdraw its approval for the Fundraiser/event at any time if it appears there is a likelihood of the Fundraiser failing to adhere to any of the above terms and conditions. In consideration of my application being accepted, I understand, intending to be legally bound for myself and my heirs, executor and administrators, waive and release the organisers and sponsors (individually and collectively), including the directors, officers, staff, volunteers and

representatives thereof, mental illness, incapacity of property damage or loss which I may suffer which may directly or indirectly result from my participation in the event/fundraiser. I further verify that I am in proper physical and mental condition to participate in the fundraiser and acknowledge that I am aware of the risks involved and voluntarily agree to assume those risks.

1. I _____ (Coordinator's name) accept the terms and conditions of the Fundraising Guidelines.
 2. I agree to conduct my fundraiser/event _____ (name of fundraiser/event) in accordance with those terms and conditions and in a manner which upholds the integrity, professionalism and ethos of The Cancer Council NT.
 3. I have read and I agree to abide by the fundraising rules and guidelines of The Cancer Council NT and indemnify The Cancer Council NT from and against any claims for injuries or damage arising or from the event/fundraiser that is the subject of this application.
- Feedback on your experience as a Community Fundraiser is important to help us continue to improve and develop this program, and we would welcome the opportunity to get your comments after your fundraiser/event. If you would prefer *not* to be contacted for this research, please tick this box.

Signature: _____

Name (*please print*) _____

Date: _____

Please return completed Fundraising Proposal and Agreement to:

Event Fundraising Coordinator
The Cancer Council NT
PO Box 42719
Casuarina NT 0811
Ph: (08) 8927 6308
Fax: (08) 8927 4990