



Application Form for Fundraise Authority

Thank you for your offer of support to Harrison's Little Wings Inc please complete the below form and return it to us at Harrison's Little Wings Inc PO Box 1129 Park Ridge QLD 4125 or scan forms and email to melanie@harrisonslittlewings.org.au.

Application Date;.....

Name:.....

Address:.....

Suburb.....

State:..... Postcode:.....

Name of contact Person:.....

Contact Phone Number:..... Mobile:

Email.....

Event Details

Please detail the type of activity you will be participating in (raffle, trivia night, morning tea, market or fete stand) Including an event name if applicable

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.....

Event Start Date:.....

Event Finish Date:

Event Address:.....

Event time:.....

Event Fundraising Method (please select the following options)

- Donations
- Sponsorship
- Raffle
- Auction
- Other

Any additional information relating to your event:

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.....

Have you ran a similar event in the past?

- No
- Yes

If yes how much money did you raise?

Do you expect to raise a similar amount Yes No More

Fundraising Guidelines

Please complete the below options, and forward any necessary paper work to Harrison's Little Wings Inc at time of submitting this application form.

Have you read the Harrison's Little Wings Inc fundraising guidelines? And agree to uphold these rules at all times?

- Yes
- No

Does the proposed event require Public Liability Insuarance?

- Yes
- No

Does the event require any council or government permits?

- Yes
- No

Do you agree not to use Harrison's Little Wings Inc logo without the permission from Harrison's Little Wings Inc?

Yes

No

Will all money be donated to Harrison's Little Wings Inc?

Yes

No

If No please provide more details

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Are you supporting another charity

Yes

No

If yes please provide details on how you will be dividing funds between charities

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Will you be seeking sponsorship for the event?

Yes

No

If yes in what form and for what purpose?

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.....

Are you raising funds for a specific appeal Harrison's Little Wings Inc is holding if so please tick

High Risk Pregnancy Practical Support Program

Bereavement Program

General Business running of Harrison's Little Wings Inc

I declare all the information that is provided in this application form is to be true and correct. If you have any queries please contact us at contact@harrisonslittlewings.org.au or alternatively 0408 648 759

Applicants Name:

Applicants Signature:

Date:

Office Use Only

Approved by:

Signature:

Date: