Community Fundraising Registration Form

Thank you for nominating Variety – the Children’s Charity to be the beneficiary of the proceeds raised at your fundraising event/activity.

Please complete the following fundraising event details and return the form to Variety Victoria. You will then receive a **‘Letter of Authorisation’** that advises the community that you are authorised to fundraise on Variety - the Children’s Charity’s behalf. Once you have your letter you are then ready to hold your event and start fundraising!

**YOUR DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person: |  | | |
| Name of Organisation: | Group ABN (If applicable) | | |
| Phone Number: |  | Email Address: |  |
| Address: |  |  |  |
| Suburb: |  | State: | Postcode: |

**EVENT DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Event Name: |  | | |
| Description of Event: | | | |
| Date/s of Event: |  | Time of Event: |  |
| Venue Address: |  | | |
| How will funds be raised? i.e. donations, silent auction, fun day, BBQ | | | |
|  | | | |
| Fundraising Goal: $ |  | | |

**TERMS AND CONDITIONS**

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| I have read the terms and conditions (see reverse) and offer to hold my fundraising event in accordance with Variety - the Children’s Charity guidelines. I understand my obligations with regards to sending proceeds raised to Variety - the Children’s Charity within 14 days of my event. |
| I, (fundraisers name) agree to conduct my event in a manner which upholds Variety integrity, professionalism and values. I agree to inform Variety Victoria if the details of my event deviate from those stated on this form.  Signed Date: |

**Please return the completed form to** [**fundraising@varietyvic.org.au**](mailto:fundraising@varietyvic.org.au) **or fax 03 8698 3933**