

Wheelchair Sports Victoria

Name

Organisation/Company

Proposal to Fundraise

Address

Suburb

State

Postcode

*Thank you for your support of
Wheelchair Sports Victoria.*

Phone

(home)

(work)

(mobile)

*Please return this form to the
Fundraising Manager to receive
your authorisation to fundraise.*

Fax

E-mail

Title of fundraising activity or event

Fax: 03 9473 0115

Please provide a brief outline of your proposed fundraising activity or event

Post: P O Box 207

Abbotsford Vic

3067

Venue

Date

Finish Date

Estimated number of participants

Please provide detailed information on how the income/proceeds will be allocated to Wheelchair Sports Victoria

100% to WSV

Income less costs to WSV

Donations to Wheelchair Sports Victoria must be returned with donor contact details for tax purposes (please see fundraising guidelines)

If known, please write the name of your local newspaper here:

Wheelchair Sports Victoria has established guidelines to ensure that all activities comply with regulations and uphold our principles:

Please confirm the following by ticking the appropriate box.

Yes No

I/We have read Wheelchair Sports Victoria's fundraising guidelines and agree to abide by them at all times

I/We agree not to use Wheelchair Sports Victoria's logo without the appropriate authority

I/We agree not to be involved in illegal activity, violence, aggression or undertake undue risk taking

Do you have Public Liability Insurance? If YES please attach a copy of your policy

I/We indemnify Wheelchair Sports Victoria from liability incurred as a result of a claim arising out of an incident in relation to an activity conducted by me/us.

I/We agree to contact Wheelchair Sports Victoria before approaching organisations for sponsorship.

Wheelchair Sports Victoria respects your privacy and will only use the information provided in this registration form for the purposes of registering you for our corporate fundraising program and providing you with information about other Wheelchair Sports Victoria programs.

Will all proceeds from this activity go to Wheelchair Sports Victoria? If no, please specify

I declare that all details on this form are true and correct to the best of my knowledge:

Name

Position

Signature

Date