

YOUR DETAILS

Name:	Organisation:
Address:	Suburb:
	Postcode:
Phone (h):	Phone (w):
Mobile:	Fax:
Email:	

Have you raised funds for Can Assist before? Yes No**PROPOSED EVENT DETAILS**

Please select the type of event you would like to hold (please tick more than one if your event has a variety of components)

- | | | | |
|---|---|---|--|
| <input type="radio"/> Auction | <input type="radio"/> Raffle | <input type="radio"/> Fashion parade | <input type="radio"/> Lunch/dinner/morning/afternoon tea/ Picnic |
| <input type="radio"/> Open garden | <input type="radio"/> Bicycle/motorbike ride | <input type="radio"/> Quilt show | <input type="radio"/> Sports event (type): |
| <input type="radio"/> Art exhibition/sale | <input type="radio"/> Sale – donate % of proceeds | <input type="radio"/> Fun run/walk | <input type="radio"/> Public event (type): |
| <input type="radio"/> Racing day | <input type="radio"/> Cake stall | <input type="radio"/> Golf day | <input type="radio"/> Other (details) : |
| <input type="radio"/> Book sale | <input type="radio"/> Trivia night | <input type="radio"/> Head shave/colour | |

PROPOSED DATE OF EVENT:

Name of event:
Address/venue:

WE LIKE TO KNOW THE MOTIVATION FOR HOLDING YOUR EVENT. IS IT BECAUSE: (PLEASE TICK)

- | | |
|--|---|
| <input type="radio"/> I have/had cancer | <input type="radio"/> I want to support people in rural NSW with cancer |
| <input type="radio"/> I want to support the work of Can Assist | <input type="radio"/> I have a family member/friend who has been affected by cancer |
| <input type="radio"/> In memory of a loved one | <input type="radio"/> I have benefited from Can Assist services |
| <input type="radio"/> My workplace event needs a beneficiary | <input type="radio"/> To gain experience in holding an event |

Please provide details:

PLEASE PROVIDE AS MUCH DETAIL ABOUT YOUR EVENT AS POSSIBLE

I would like the proceeds from my event to support:

- | | |
|---|---|
| <input type="radio"/> My local Can Assist branch. | Branch name: |
| <input type="radio"/> Patient support at Jean Colvin Hospital | <input type="radio"/> Can Assist Support services |

Are any other organisations going to benefit from this event? No Yes

Details:

Approximate Attendance:

Approximate amount to be raised:

Would you like assistance from Can Assist? This support is subject to availability at the time.

- | | |
|---|--------------------------------------|
| <input type="radio"/> Posters | <input type="radio"/> Newsletters |
| <input type="radio"/> Can Assist Brochures | <input type="radio"/> Logo via email |
| <input type="radio"/> Can Assist staff/branch member at event | <input type="radio"/> Other: |

We like to share stories from the community with our members and supporters. Would you be happy for us to write up your event in our quarterly newsletter: Colvin Chatter?

 Yes No We will contact you if we are able to feature your event.**THANK YOU FOR YOUR TIME IN REGISTERING YOUR EVENT. PLEASE READ THE GUIDELINES FOR HOLDING AN EVENT BEFORE SIGNING YOUR AGREEMENT BELOW: (PLEASE TICK ALL BOXES)**

- | |
|---|
| <input type="radio"/> I have read the terms and conditions of holding a fundraising event for Can Assist |
| <input type="radio"/> I agree to conduct my fundraiser/event in accordance with those terms and conditions |
| <input type="radio"/> I agree to indemnify Can Assist from and against any claims for injuries or damage arising at or from the event/fundraiser that is the subject of this application. |

Signed:

Date: