

**TOGETHER
WE CAN
TRUMP
DEMENTIA**

**BEAT ALZHEIMER'S
RAISE AUSTRALIA**

REGISTRATION FORM

Alzheimer's Australia Vic

CONTACT DETAILS

Name of organiser: _____

Application date: _____

Address: _____

Phone: _____

Email: _____

Name of Group: _____

ABN (if applicable): _____

FUN-RAISING ACTIVITY

Name of activity: _____

Date: _____

Time: _____

Location: _____

DESCRIBE THE ACTIVITY AND HOW YOU ARE GOING TO FUNDRAISE

Have you held a similar event before; will it be an annual event; approximate attendance numbers; who is the activity aimed at; will you be fundraising for any other charity during this event; do you have a raffle planned with prizes*; and how much do you hope to raise.

*If you are holding a raffle please refer to the Gambling Regulation Act 2003 (www.vcgr.vic.gov.au)

PUBLICITY

Alzheimer's Australia Vic must approve all publicity for the proposed event prior to it being released.

Do you agree to supply your promotional material to Alzheimer's Australia Vic? Yes / No

Do you require any promotional material to be used at your event about Alzheimer's Australia Vic and the work we do? Yes / No

ACCEPTANCE OF AGREEMENT

I/We _____

offer to hold a fundraising activity or event on the terms and conditions set by Alzheimer's Australia Vic.

I/We agree to conduct the activities outlined above in accordance with these terms and conditions and in a manner which upholds Alzheimer's Australia Vic's integrity, professionalism, mission and vision.

I/We agree to inform Alzheimer's Australia Vic if the details of the activities change from those provided above.

Date: _____

Please print name/s:

Signature of applicant/s:

PLEASE COMPLETE AND RETURN TO:

Kristin Marshall – Community Fundraising Officer
Alzheimer's Australia Vic
Locked Bag 3001, HAWTHORN VIC 3122 OR

Email: kristin.marshall@alzheimers.org.au

Call: 1800 100 500



CALL 1800 100 500

or email: kristin.marshall@alzheimers.org.au