



Application for an Authority to Fundraise for Heart Research Australia

Thank you for choosing to fundraise for Heart Research Australia. Please register your proposed activity by completing the following form. We'll phone you to talk about your fundraising plans and confirm an Authority to Fundraise has been granted. Once your activity is approved, we'll help you make it a success. This express registration form is for smaller individual activities, however if you are in doubt, we will clarify further on contact.

Please tell us about you and your event:

Surname _____ First Name _____ Title Mr Mrs Ms Miss Other _____

Address _____

Suburb _____ State _____ Postcode _____

Postal Address if different from above _____

Phone _____ Mobile _____

Email _____

Are you applying as an: Individual Organisation School Group/Club

Are you over 18 years? If not please provide details of your parent or guardian and confirm their permission for you to apply to fundraise on our behalf. It is also a requirement we have one referee.

Parent/Guardian Name _____ Contact Number _____

Referee details _____

Name _____ Phone _____ Email _____

Have you fundraised in support of heart research before? Yes No **Other Charities?** Yes No

How did you hear about us?

Family/friends RNSH Media Other _____

About your proposed activity: Title _____

Start Date _____ Finish Date _____ Time/s _____

Type of activity

Private function Personal Challenge Event open to public Group Activity

Please provide a brief description of your activity: _____

Venue details (if applicable): _____

What fundraising activities do you intend to conduct?

Ticket sales Donations Raffles Auctions Sponsorship

What is your intended fundraising goal? _____

Do you have a budget where your expenses will be less than 40% of overall income?

Yes No If you answered yes to this question, please refer to our fundraising guidelines and note that budget expenses cannot exceed 40% of overall income from your activity.

Are you raising funds for any other charities as part of your fundraising efforts? If so please name them.

Do you have any sponsors supporting the event? _____

I, _____ hereby confirm that all information contained in this application for an authority to fundraise for Heart Research Australia is true and correct. If for any reason details regarding this application change after approval of the activity by Heart Research Australia, I agree to notify the organisation of this prior to the activity going ahead.

I also confirm that I have read and agree to comply with the terms and conditions outlined in the associated **Heart Research Australia Community Fundraising Kit (available on our website)** and acknowledge that I am responsible for the conduct, risk management and success of my proposed fundraising activity.

Name _____ Date _____

Signed _____

If you are under 18 years, please ask a parent, guardian or teacher to sign this form below.

Name _____ Date _____

Signed _____

Please print, complete and return this form to:

Heart Research Australia, PO Box 543, ST LEONARDS NSW 1590.
Fax: 02 9436 0058 / Email: enquiries@heartresearch.com.au

Thank you for choosing to support Heart Research Australia!
We will review your application and contact you within five business days of receiving this form.