

## Third Party Fundraising Application

1. Please complete all details that are relevant to you on all pages of this form.
2. Read through The Bays Fundraising Terms & Conditions.
3. Read the declaration and sign all the relevant signature panels.
4. Mail your completed application to: The Bays Healthcare Group Inc. PO Box 483, Mornington Vic 3931, or scan and return to fundraising@thebays.com.au

### A. YOUR DETAILS (PRIMARY EVENT ORGANISER)

Title  Miss  Ms  Mrs  Mr  Dr  Other

First name

Last name

Organisation

Date of birth (if under 18 yrs)   /   /

### B. CONTACT DETAILS

Address

Suburb  State  Postcode

Home phone

Mobile

Email

### C. PROPOSED ACTIVITY / EVENT INFORMATION

Name of activity/event

Date of activity/event

Activity/event venue

Activity/event address

Details of activity/event

*Attached a separate page if required*

Anticipated number of participants/attendees (if applicable)

How do you plan to advertise your activity/event?

Please describe how funds will be raised i.e. raffle, entry fees, donations etc).

Details of any assistance required from The Bays (please tick). Support will be provided on a case by case basis.

- Brochures     Posters     Guest speaker     Indoor pull-up banner     Outdoor banner
- Representative to attend     Promotion of activity/event on The Bays website and/or Facebook page
- Collection unit or tin. Please specify quantity.

#### D. FUNDRAISING BUDGET

Total estimated income

I/we will cover costs incurred  Yes     No

If costs will be taken out of funds raised, please list anticipated expense and approx total cost. *Please note that expenses must be under 35% of funds raised to be eligible for approval.*

Estimate final income to The Bays

How will funds be forwarded to The Bays

- Cheque     Direct deposit     Credit card     Cash

#### E. DECLARATION

**Please read and acknowledge the following:**

I declare that the information provided in this form is true and correct.

I have authority to sign on behalf of the organisation listed in section A (if relevant).

I agree to be bound by the Fundraising Terms & Conditions. In conducting my fundraising activity/event, I agree to comply with these terms and condition in a manner that upholds The Bays integrity, professionalism and values.

Signature of Event Organiser

Print name

Date   /   /

#### THANK YOU

Once we receive the completed Third Party Fundraising Application Form, we will send you an office Authority to fundraise letter. This letter assumes and expects that all terms and conditions outlined in the Fundraising Terms & Conditions are accepted and will be complied with.

**We want your fundraising to be as fun and easy to organise as possible. We are here to help so please contact Amber Skehan, Fundraising & Public Relations Manger on 03 5970 5339.**