



Fundraiser Registration Form

Mr Mrs Miss Ms First Name: _____ Surname: _____

Address: _____

Suburb/City: _____

State: _____ Postcode: _____ Country: _____

Email Address: _____

Daytime: _____ Mobile: _____ Evening: _____

Occupation: _____ D.O.B.: _____

Details of your planned fundraising event/activity: _____

Date/s of your planned fundraising activity/ies: _____

How do you plan to raise funds for Child Wise? (eg. Ticket/item sales, raffles, auction, etc.)

How will you fund the operating costs of this event/activity? _____

What portion or percentage of the collected funds will be donated to Child Wise? _____

Have you undertaken fundraising activities before? Yes / No

If Yes, who was this for and when did you do this? _____

Signed: _____ Date: _____

Please fax this form back to Child Wise on (03) 9645 8922