



# COMMUNITY FUNDRAISING APPLICATION FORM

## 1. FUNDRAISER / EVENT COORDINATOR:

Name/s: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. FUNDRAISING ACTIVITY DETAILS:

Name of Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Venue: \_\_\_\_\_

*Briefly describe the activity being proposed, including how the funds will be raised :*

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How many people are expected to attend: \_\_\_\_\_

Are permits required to run the activity: \_\_\_\_\_

Does the activity involve raffles or auctions: \_\_\_\_\_

If tickets are to be sold, or an entry fee charged, what is the cost of ticket or entry fee: \$ \_\_\_\_\_

## 3. SPONSORSHIP

*Please provide details of confirmed or proposed sponsors (this may include cash sponsors, prize donors, suppliers)*

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#### 4. MS QLD SUPPORT

I would like to request the following support / assistance from MS QLD:

- |  |   |
|--|---|
| <input type="checkbox"/> Use MS QLD logo               | <input type="checkbox"/> MS Ambassador ( <i>dependant on availability</i> ) |
| <input type="checkbox"/> MS QLD brochures / literature | <input type="checkbox"/> Presence of MS website                             |
| <input type="checkbox"/> Receipt books                 |   |

#### 5. ADVERTISING AND PUBLICITY

*Describe how you are planning to promote the event, including paid or unpaid publicity, brochures, posters, invitations*

*(All promotional material must be approved by MS Qld before distribution)*

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#### DISCLAIMER AND FUNDRAISING AGREEMENT

I accept the Fundraising Guidelines. I agree to conduct my fundraiser in accordance with those terms and conditions and in a manner that upholds the integrity of Multiple Sclerosis Society of Queensland.

I acknowledge having read all guidelines and I agree to abide by the fundraising rules and Guidelines of Multiple Sclerosis Society of Queensland and indemnify Multiple Sclerosis Society of Queensland from and against any claim for injuries or damage arising at or from the project/event that is the subject of this application.

Do you / your organisation understand and agree that all publicity for the proposed event must be approved by Multiple Sclerosis Society of Queensland prior to being released and printed.  Yes  No

Signature (or signature of Parent / Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed Community Fundraising Application Form to:**

Julie Hanlon  
Multiple Sclerosis Society of Queensland  
Locked Bag 370  
Coorparoo QLD 4151  
Ph 07 3840 0887

#### OFFICE USE

Approved by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_