

Community Fundraising Agreement

Fundraiser Details (you and/or your organisation)

Title: _____ First Name: _____ Surname: _____

Company/Organisation: _____

Position within Company/Organisation: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

Are you under 18 years of age? No Yes

[If you are under 18 years of age you must have consent of your parent(s) before we can issue an authority to raise funds on behalf of the Foundation. See Below.]

Have you raised funds for the San Foundation before? No Yes (please give details)

What inspired you to fundraise for the San Foundation?

How did you find out about the San Foundation and/or Sydney Adventist Hospital?

Name of your fundraising activity: _____

Date: _____ Start time: _____ Finish time: _____

Name and address of location/venue: _____

Number of people attending: _____

How much do you hope to raise \$ _____

Is there a specific area/project you are fundraising for? (e.g. Heart Care, Integrated Cancer Centre, Special Care Nursery)

Please describe your fundraising activity: _____

How are you going to promote this fundraising activity: _____

Do you require marketing materials (pens, brochures etc) for your event? Number required?
(Please check availability of goods by contacting us)

Do you require San Foundation logo? Yes No (please give details on where you would use it)

Do you require anything else from the San Foundation?

Is there anything else you would like us to know about your fundraising event?

Disclaimer and Agreement

I acknowledge that I have read:

(a) San Foundation's Fundraising Guidelines;

(b) the Authority Fundraising Conditions found at

http://www.olgr.nsw.gov.au/pdfs/Authority_conditions_fundraising.pdf

I agree to conduct my fundraising event in accordance with these Guidelines and conditions by signing below. I further agree to provide the San Foundation with any additional information requested in relation to my Fundraising activity.

I understand that San Foundation reserves its right to withdraw its approval for the Fundraising activity at any time if San Foundation considering in its sole discretion that there is a likelihood of the Fundraiser failing to adhere to any term of the Guidelines. I further verify that I am in proper physical and mental condition to participate in the fundraiser and acknowledge that I am aware of the risks involved and voluntarily agree to assume those risks.

If you are under the age of 18 you must get parental or guardian consent to register to fundraise and must be supervised in accordance with the Authority Fundraising Conditions. Your parents must sign below on your behalf. By signing, your parent or guardian agree that they have read San Foundation's Fundraising Guidelines and the Authority Fundraising Conditions found at http://www.olgr.nsw.gov.au/pdfs/Authority_conditions_fundraising.pdf carefully and understand their content, and understand that they are responsible for your actions while you are fundraising for San

Foundation. Your parent or guardian therefore agrees that under their supervision, you will conduct your event or activity in accordance with these guidelines, as indicated by signing below. They understand that you and they cannot claim against the San Foundation or its directors, officers, staff, volunteers and agents thereof for any loss, damage or injury, however occurring, as a direct or indirect result of this fundraising event.

I, (name of community fundraiser) _____

1. Have read and agree to abide by the Community Fundraising Guidelines of the SAN Foundation.
2. Have read and agree to abide by the Authority Fundraising Conditions found at http://www.olgr.nsw.gov.au/pdfs/Authority_conditions_fundraising.pdf as they apply to me.
3. Agree to send any promotional or marketing materials using San Foundation logo prior to being printed for approval.
4. Understand that San Foundation reserves the right to withdraw approval of the fundraising activity at any time.
5. Agree to conduct my fundraising event in accordance with those terms and conditions and in a manner which upholds the integrity, professionalism and values of San Foundation.
6. Understand that I, my agents or personal representatives, cannot claim against San Foundation or its directors, officers, staff, volunteers and agents for loss, damage or injury, however occurring, as a direct or indirect result of this fundraising event.

Signature: _____

Name: (please print) _____ Date: _____

Email or post your completed Community Fundraising Agreement Form to:

Post: _____ or Email: foundation@sah.org.au
 San Foundation
 185 Fox Valley Road
 Wahroonga NSW 2076

Please photocopy this agreement and keep a copy for yourself.

If you have any questions or would like further information, please contact the San Foundation on (02) 9487 9405 or foundation@sah.org.au

Office Use Only:

Approved	Authority No	Authority issued	3 rd Party Advised	Follow Up	Authority Finished

Notes: