



PCYC FUNDRAISING REGISTRATION FORM

To be completed by the person conducting the fundraiser for PCYC

Title: _____ First Name: _____ Surname: _____
Company / Organisation Name (if applicable): _____
Address: _____ Postcode: _____
Phone: _____ Mobile: _____
Email: _____ Website: _____

Fundraising Details

How do you plan to raise funds for the Queensland Police-Citizen Youth Club?

Title of fundraiser / event: _____

Tell us briefly about your fundraiser: _____

Event Date: _____ Event Finish Date: _____

Address / Venue (if applicable): _____

How will funds be raised?: (Please give a brief description ie raffles, auctions, ticket sales etc)

How much do you hope to raise: \$_____ - this is an estimate not a guarantee.

Are there any other organisations involved (include sponsors, other charities etc)?

Name of companies you are approaching for support? _____

Why did you choose to raise funds for PCYC Queensland? _____

Agreement

1. I _____ (Coordinator's name) have read the PCYC Fundraising Guidelines and agree to follow them in a manner which upholds the values and vision of PCYC Queensland.

Signature: _____

Name (please print): _____

Date: _____