

# Application for Authority to Raise Funds

Name \_\_\_\_\_

Name of organisation (if applicable) \_\_\_\_\_ ABN \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Type of organisation Club  Company  Association  Sole Trader  Other  \_\_\_\_\_

Have you raised funds for ANZUP before? No  Yes

## Activity information

Name of activity \_\_\_\_\_

Description of activity \_\_\_\_\_  
\_\_\_\_\_

How the funds will be raised (eg ticket sales, auctions, dinner, event etc)? \_\_\_\_\_  
\_\_\_\_\_

Proposed date of your activity \_\_\_\_\_ Proposed time of your activity \_\_\_\_\_

Venue name and address \_\_\_\_\_

Proposed ticket price/entry fee (if applicable) \_\_\_\_\_

Is the activity open to the public  by invitation only

Has the activity taken place before? (If so, when and how much was raised) \_\_\_\_\_  
\_\_\_\_\_

Do you have a group of people working on this activity? \_\_\_\_\_

Has any person working on the activity had any connection with ANZUP (if so how)? \_\_\_\_\_

How do you plan to advertise the activity? (please refer to the fundraising terms and conditions regarding promotional material)  
\_\_\_\_\_

Do you have or intend to seek public liability or any other type of insurance for your activity? No  Yes

If yes, please provide insurance details \_\_\_\_\_

Do you need local council approval? No  Yes  If yes, please confirm you will meet council requirements for approval.

Do you need to book St John's Ambulance? No  Yes

Will the Police need to be involved? No  Yes

I confirm that we are aware of our relevant State or Territory Government Acts and will not breach them.

Do you need an ANZUP representative? No  Yes

# Fundraising Activity Budget Form

## Anticipated income

|                        |  |
|------------------------|--|
| Ticket sales/entry fee |  |
| Sponsorship            |  |
| Raffle/s               |  |
| Main Auction           |  |
| Silent Auction         |  |
| Merchandise            |  |
| Donations              |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
|                        |  |
| TOTAL \$               |  |

## Proposed expenditure

|  |  |
|--|--|
| Venue                                  |  |
| Catering                               |  |
| Audio Visual                           |  |
| Printing (invites/tickets/posters etc) |  |
| Advertising                            |  |
| Entertainment                          |  |
| Prizes                                 |  |
| Supplies                               |  |
| Security                               |  |
| Insurance                              |  |
|  |  |
|  |  |
|  |  |
| TOTAL \$                               |  |

Estimated net return to ANZUP Cancer Trials Group Limited \$ \_\_\_\_\_ (if known)

If the estimated net return is not known, and you are donating funds raised from sales/income please provide the dollar amounts per item and dollar or percentage amounts that will be donated to ANZUP Cancer Trials Group Limited:

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Would you like the funds raised to be directed to a specific trial? No  Yes

If Yes, please specify? \_\_\_\_\_