

# Community Fundraising REGISTRATION FORM

- Thank you for choosing to support the Royal Flying Doctor Service (RFDS) by holding a fundraising activity.
- Please complete this form and return to the Community Fundraising Specialist at the address on this form.
- Your Letter of Authority to fundraise will be sent to you following approval of this application.
- Please note that you must have received this Authority before you can legally begin fundraising.



## Activity Organiser's Details

Name of organisation or group (if applicable)	<input type="text"/>		
Title:	<input type="text"/>	First Name:	<input type="text"/>
Surname:	<input type="text"/>	Date of birth:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
P/C:	<input type="text"/>	Email:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Website:	<input type="text"/>		

## Details of your Proposed Fundraising Activity or Event

Proposed name (if applicable):	<input type="text"/>		
Proposed date:	<input type="text"/>	Location:	<input type="text"/>

Briefly describe the activity being proposed: (e.g. quiz night, BBQ, morning tea)

Briefly describe how you propose raising the funds: (e.g. ticket sales, entry fees)

**For larger scale events please complete the following section:**

Proposed location: ☐ Indoor ☐ Outdoor

Estimated number of guests:

Is this a ticketed event: ☐ Yes ☐ No

Admission/ticket price:

List any major sponsors:

Is this an annual or one off event:

Are animals, machinery or fireworks involved in the event: ☐ Yes ☐ No

Have you obtained the required permits (please supply copies of these to the RFDS):

☐ Police ☐ MFS/CFS ☐ SA Ambulance ☐ SES ☐ Councils ☐ Liquor Licence

Other

Do you have public liability insurance:

Please note that the RFDS cannot provide public liability insurance for your fundraising activity and it is a requirement that appropriate cover is obtained by the fundraiser and proof of cover provided to the RFDS.

**Financial Details of your Proposed Activity or Event:**

How much money do you aim to raise for the RFDS

Will any other charity receive part proceeds? If yes, please state which organisation & approx. % of funds

**Estimated figures for activity / event:**

Please complete the table below to provide us with a quick estimate of your planned fundraising.

We understand that this may be difficult to estimate at this early stage and may change once you have started organising the activity but please give us your best estimate. We will not hold you to any figures you give – it is purely to give us an idea of the scope and size of your activity. Depending on the scale of your activity, we may wish to work through a more detailed budget with you at a later stage.

	Details / Explanations	Amount
A - Estimated Income		\$
B - Estimated Expenses		\$
C - Estimated Income Less Expenses		\$

Have you ever raised funds for another charity before? ☐ Yes ☐ No

If yes, which organisation/s:

Why have you chosen to support the RFDS?

### Assistance from the RFDS

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

- |   |   |
|---|---|
| <input type="checkbox"/> AirDoctor Magazine - Qty: <input type="text"/> | <input type="checkbox"/> Receipt books (must be returned to RFDS) |
| <input type="checkbox"/> Posters - Qty: <input type="text"/>            | <input type="checkbox"/> Raffle books (must be returned to RFDS)  |
| <input type="checkbox"/> Donation wallets - Qty: <input type="text"/>   | <input type="checkbox"/> RFDS representative at event             |
| <input type="checkbox"/> Donation tins - Qty: <input type="text"/>      | <input type="checkbox"/> Stickers - Qty: <input type="text"/>     |
| <input type="checkbox"/> Balloons - Qty: <input type="text"/>           |   |
| <input type="checkbox"/> Online fundraising page                        |   |
| <input type="checkbox"/> Use of the RFDS logo                           |   |

(Note that all materials using the RFDS logo must be approved by the RFDS before print or distribution)

- ☐ Other

### Responsibilities and Legalities

There are many responsibilities and legalities that must be adhered to when organising a fundraising activity or event. We recommend the following resources to help you plan your activity\*:

Management of Public Health & Safety at Public Events  
Department of Health  
Visit: [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au) or [click here](#)

Minimising Waste at Public Events  
Zero Waste SA  
Visit [www.zerowaste.sa.gov.au](http://www.zerowaste.sa.gov.au) or [click here](#)

If you have any questions regarding food safety standards or the Food Safety Act 2001 we recommend you contact the Environmental Health Officer at your local council.

\*Please note that it is the organiser's responsibility to ensure that all food and safety requirements are met.

## Disclaimer and Fundraising Agreement

Please tick to confirm acceptance of the following terms;

- ☐ I have read and accepted the terms and conditions of the Community Fundraising Guidelines provided to me. I agree to conduct my event or activity in accordance with those guidelines and in a manner which upholds the integrity, professionalism and reputation of the Royal Flying Doctor Service.
- ☐ I confirm that my proposed fundraising activity complies with all relevant legislative and local government requirements and that all appropriate permits, licenses and insurance will be, or have been, obtained.
- ☐ I understand and agree that all publicity for the proposed activity or event which bears the RFDS name or logo must be approved by the Royal Flying Doctor Service Central Operations prior to being released and/or printed.
- ☐ I understand the activities and risks involved in participating in the fundraising activity; and agree, in consideration of permission to participate in the activities, to release and indemnify the Royal Flying Doctor Service of Australia, its officers, employees, volunteers and all sponsors (be they individuals or organisations, singularly or collectively) from and against all liabilities, claims, damages, suits, expenses, causes of action, injuries, losses or inconvenience of any description whatsoever arising in any way from the fundraising activity that is the subject of this application.
- ☐ I understand and accept that the RFDS reserves the right to withdraw approval for the fundraising activity any time if it believes any aspect no longer fits within its fundraising guidelines.

Full name:

Signature:

Date:

Signature of Parent/Guardian if under 18:

Full name of Parent/Guardian if under 18:

Please return completed form to:

Community Fundraising Specialist  
Royal Flying Doctor Service Central Operations  
PO Box 381  
Marleston SA 5033 or

by email to: [kristen.newlyn@flyingdoctor.net](mailto:kristen.newlyn@flyingdoctor.net)