

ID: \_\_\_\_\_

## Australia Zoo Wildlife Warriors Fundraising Application Form

Thank you for your interest in raising funds for Australia Zoo Wildlife Warriors. **Please ensure before you complete this form that you have read our Fundraising Guidelines.**

Please ensure all items marked with \* are completed.

If you are hosting an event, please ensure all those with ^ are completed in addition.

### Fundraising Organiser

\*Name of fundraising organiser: \_\_\_\_\_

Name of Organisation (if applicable): \_\_\_\_\_ ABN: \_\_\_\_\_

Description of Business/Group (if applicable): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Suburb: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Postcode: \_\_\_\_\_

Phone (work): \_\_\_\_\_ \*Phone (home): \_\_\_\_\_ Fax: \_\_\_\_\_

\*Mobile: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Are you over 18 years of age? Yes / No – if no please specify age: \_\_\_\_\_

\*Why did you choose to support Australia Zoo Wildlife Warriors? \_\_\_\_\_

\_\_\_\_\_

\*How did you hear about Australia Zoo Wildlife Warriors?: \_\_\_\_\_

\*Have you had any previous involvement with us?: \_\_\_\_\_

\_\_\_\_\_

### Fundraising Activity Information

\*Name of proposed fundraiser: \_\_\_\_\_

\*Type of fundraising activity (please select all applicable):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Gala Dinner/Ball         | <input type="checkbox"/> Children's birthday party | <input type="checkbox"/> Sale - % of Proceeds*     |
| <input type="checkbox"/> Host a donation box      | <input type="checkbox"/> Sell merchandise*         | <input type="checkbox"/> Fete/Market/Stall*        |
| <input type="checkbox"/> Dress Down Day/Mufti Day | <input type="checkbox"/> Raffle/Auction            | <input type="checkbox"/> Trivia Night              |
| <input type="checkbox"/> Work Charity Day         | <input type="checkbox"/> Luncheon/BBQ              | <input type="checkbox"/> Art Exhibition/Craft sale |
| <input type="checkbox"/> Golf Day                 | <input type="checkbox"/> Fun Run/Walk              | <input type="checkbox"/> Wedding/Anniversary       |
| <input type="checkbox"/> Other: _____             |  |  |

\*If you selected one of the options with an asterisk above, please indicate if you will be selling:

Australia Zoo / Wildlife Warriors Merchandise  Non Australia Zoo / Wildlife Warriors Merchandise  Both

\* Proposed or  Confirmed Date: \_\_\_\_\_

Time of activity - from: \_\_\_\_\_ to: \_\_\_\_\_

\*Location of fundraising activity: \_\_\_\_\_

^Summary of activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

^ How many people are expected to attend? \_\_\_\_\_

\* Will the event cross into other states? Yes / No

^ Does the fundraiser require public liability insurance? Yes / No

^ Does the event require council/government permits? Yes / No

^ Will a raffle or other permit be required for your event? Yes / No

^ Will you be seeking sponsorship for the event? Yes / No

^ If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

### Budget Information

\*How much money are you expecting to raise? (Please estimate) \_\_\_\_\_

**AND/OR** \*What % of funds (after payment of expenses) will be given to Australia Zoo Wildlife Warriors? \_\_\_\_\_

\*How will you hand over funds raised?  Cheque/money order  Credit card  Other \_\_\_\_\_

\*Will any other charity be benefiting from this fundraiser? Yes / No

\*If yes, please specify: \_\_\_\_\_

^ Please outline the possible income and expenses of your event (please note Australia Zoo Wildlife Warriors is not able to reimburse you for any expenses incurred whilst hosting the event):

Proposed Income		Proposed Expenses	
Entry fee/ticket sales	\$	Permits/licences	\$
Auction	\$	Advertising	\$
Raffle	\$	Printing/photocopying	\$
Merchandise	\$	Venue hire	\$
Sponsorship	\$	Decorations	\$
Donations	\$	Merchandise	\$
Other income	\$	Food and beverages	\$
		Equipment hire	\$
		Entertainment	\$
		Auction items	\$
		Show bags/gifts	\$
		Prizes/certificates	\$
		Other expenses	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**Australia Zoo Wildlife Warriors Support**

\*How would you like support from us? Please select from the following:

- |  |  |
|--|--|
| <input type="checkbox"/> AZWWW Brochures or <input type="checkbox"/> Bookmarks | <input type="checkbox"/> AZWWW Fundraiser Logo   |
| <input type="checkbox"/> Donation boxes – how many? _____                      | <input type="checkbox"/> AZWWW Official Logo   |
| <input type="checkbox"/> Sell official AZWWW merchandise                       | <input type="checkbox"/> Your fundraiser on the AZWWW Website  |
| <input type="checkbox"/> AZWWW representative to attend                        | <input type="checkbox"/> Posters/Flyer (via <input type="checkbox"/> email or <input type="checkbox"/> post) |
| <input type="checkbox"/> Other _____   |  |
| _____  |  |
| _____  |  |

Any other information you wish to disclose: \_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Fundraising Agreement**

I accept the terms and conditions of Australia Zoo Wildlife Warriors’ Fundraising Guidelines. I agree to conduct my fundraiser in accordance with those terms and conditions in a manner that upholds the integrity and character of Australia Zoo Wildlife Warriors Worldwide Ltd.

I have read and I agree to abide by the fundraising rules and Guidelines of Australia Zoo Wildlife Warriors and indemnify Australia Zoo Wildlife Warriors Worldwide Ltd from and against any claim for injuries or damage arising at or from the project/event that is the subject of this application. I am in suitable physical and mental condition to organise and run this fundraising activity, and have considered any and all risks that may be associated with this event.

I understand that Australia Zoo Wildlife Warriors reserves the right to withdraw approval of this fundraising activity at any time, should the activity fail to comply with Australia Zoo Wildlife Warriors Fundraising Guidelines.

Do you agree that all publicity for your fundraising activity must be approved by Australia Zoo Wildlife Warriors Worldwide Ltd prior to release?  Yes  No

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

**If under 18**

Guardian’s first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Signature of parent/guardian if under 18: \_\_\_\_\_

**Office Use Only**

Approved: Yes / No    By: Name: \_\_\_\_\_    Signature: \_\_\_\_\_

Notified: / /    By: Email / Phone / Post    Pack Sent: / /    By: \_\_\_\_\_

Other items sent: \_\_\_\_\_

Donation Box Number: \_\_\_\_\_    Padlock Number: \_\_\_\_\_