



## EXTERNAL EVENTS REGISTRATION FORM

Email to [helenm@fronditha.org](mailto:helenm@fronditha.org) or fax to 9552 4139

### DETAILS OF EVENT COORDINATOR

Name of Coordinator.....

Position.....

Name of Company/Organisation (if applicable).....

Address ..... State: ..... P/Code:.....

Phone (B/H)..... Mobile ..... Fax.....

Email ..... Website .....

### EVENT INFORMATION

Name of event .....

Description of event .....

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Proposed Date of event .....

Venue Name and Address .....

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How will funds be raised? (e.g. auction, ticket sales, etc) .....

Estimated Donation \$..... (this is just an estimate)

Are you over the age of 18?    Yes    No    (please circle)

### PROPOSED INVOLVEMENT OF FRONDITHA CARE

What assistance are you likely to require from Fronditha? .....

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Thank you for choosing to support Fronditha Care.

Your application will be lodged and you will be contacted for further discussion prior to approval.