

FUNDRAISING REGISTRATION FORM

Mailing Address:	How many people do you expect to attend the event/activi		
Mailing Address:			
Mailing Address:	If you chose "Other", please comment:		
Mailing Address:	☐ Family ☐ Friends ☐ Colleagues ☐ Businesses	☐ Other	
Mailing Address:	Who are you soliciting for support/participation?	•	
Mailing Address:	If you chose "Other", please comment		
Mailing Address:			
Mailing Address:	Details:		
Mailing Address:			
Mailing Address:			O O
Mailing Address:State:Postcode: Mobile:Phone:Email: Activity Details	Type of fundraising activity		
Mailing Address:	Date(s) of fundraising activity: Begin date:	End date: _	
Mailing Address:State: Postcode:	Activity Details		
Mailing Address:	Mobile:Phone:	Email:	
	Suburb:	_State:	_ Postcode:
varile of Confindintly Group/Company.	Mailing Address:		
Name of Community Croun/Company	Name of Community Group/Company:		
Name of Coordinator: First Name:Last Name:			
Name of Coordinator: First Name:	Name of Coordinator. That Name.		

All information collected will remain confidential and only used by West Australian Foundation for Deaf Children.

Please either email this completed form to admin@wafdc.org.au or post to:

West Australian Foundation for Deaf Children | 53 Curtin Avenue, Cottesloe WA 6011