Below the Belt
SUPPORTING ANZUP CANCER TRIALS

Intention to Fundraise Application form

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 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

ANZUP Cancer Trials Group Limited

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:

_____

_____

Would you like the funds raised to be directed to a specific cancer or research trial? No ◯ Yes ◯

If Yes, please specify? _____

Thank you for completing this form. We will be in touch soon.

If you would like further information please contact us at fundraising@anzup.org.au