

**APPLICATION FOR AUTHORITY TO FUNDRAISE FOR THE BRAINCHILD  
FOUNDATION**

Application date: \_\_\_\_\_

Name of group/Company/individual planning the event ("the fundraiser"): \_\_\_\_\_

ABN (if company): \_\_\_\_\_

Name of individual/s responsible: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Daytime phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of fundraising activity: \_\_\_\_\_

Name of activity: \_\_\_\_\_

Overview of event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Location (include address): \_\_\_\_\_

\_\_\_\_\_

How the will funds be raised?: \_\_\_\_\_

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

Will all the proceeds come to the Brainchild Foundation? yes / no

If no, list other organisation/s (and percentage split): \_\_\_\_\_

Does the event require public liability insurance? yes / no

Does the event require council/government permits? yes / no

Will a raffle take place in conjunction with the event? yes / no

Will a raffle or fundraising permit be required? yes / no / not sure

Will the event cross into other states? yes / no

If yes, which states: \_\_\_\_\_

Will you be seeking sponsorship for the event? yes / no

If yes, please forward your target list and sponsorship proposal to the Brainchild Foundation before approaching potential sponsors.

The Brainchild Foundation will provide:

A letter of authority (once approved); literature/posters, signage, raffle books, receipt books, copy of public liability insurance.

Please note, all excess merchandise, literature, signage must be returned to the Brainchild Foundation at the completion of your fundraising event.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:

The Brainchild Foundation  
C/- 15 Cordeaux Place,  
Parkinson, QLD, 4115

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## OFFICE USE ONLY

Approved by: \_\_\_\_\_

Name: \_\_\_\_\_

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