

# Wheelie Cool Fundraising

## Application Form

Please complete the following application form, and return it to:

PO Box 1087, Airlie Beach, 4802, Queensland, or via fax: 07 4948 2058

DATE OF APPLICATION		ORGANISATION NAME		
<input type="text"/>		<input type="text"/>		
TYPE OF ORGANISATION	PRE-SCHOOL	PRIMARY	SECONDARY	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ABN				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS				
<input type="text"/>				
SUBURB		STATE		POSTCODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				
<input type="text"/>				
SUBURB		STATE		POSTCODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
CO-ORDINATOR'S FULL NAME				
<input type="text"/>				
PHONE NUMBER		FAX NUMBER		EMAIL
<input type="text"/>		<input type="text"/>		<input type="text"/>
EVENT LOCATION		EVENT START DATE		APPROX NO. OF PARTICIPANTS
<input type="text"/>		<input type="text"/>		<input type="text"/>

Continued>



# Wheelie Cool Fundraising

## Application Form (Continued)

Please complete the following application form, and return it to:

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BRIEF DESCRIPTION OF FUNDRAISING EVENT, INCLUDING HOW FUNDS WILL BE RAISED, ESTIMATED FUNDS TO BE RAISED, ETC

  
  

BANK (FOR DEPOSITING OF FUNDS)

ACCOUNT NAME

  

BSB:

ACCOUNT NUMBER:

AUTHORISATION

I, \_\_\_\_\_ AGREE THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT AND I AGREE TO COMPLY WITH ALL THE 'TERMS AND CONDITIONS' OF THE 'WHEELIE COOL FUNDRAISING' PROGRAM. I AGREE TO ACT IN A PROFESSIONAL MANNER WHILST CONDUCTING THE 'WHEELIE COOL FUNDRAISING' ACTIVITY. I ALSO ACCEPT MY OBLIGATION TO REMIT THE FUNDS RAISED TO WHEELIEDESIGNS.COM WITHIN 30 DAYS OF THE EVENT CONCLUSION.

SIGNATURE OF AUTHORISED APPLICANT:

DATE:

  

OFFICE USE ONLY APPROVED BY:

DATE:

  
