



Supporting
Prostate Cancer Awareness
for Mens Health

HOST AN EVENT APPLICATION

Name:

Address:

..... Postcode:

Organisation:

Phone: Mobile:

Fax: Email:

Contact details

.....

Event Information

Event name

Proposed time and date

Location and address

Type of Event - attach list if required - **Estimated attendance**

THE CONCEPT

.....

.....

WHY THIS EVENT

.....

.....

(details of event : plan, aim, timetable)

.....

.....

.....

.....

In a few words tell us about your organisation

.....

.....

.....

E.J. Whitten Foundation



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Sponsors (to avoid conflict with current EJWF sponsors)

.....

.....

.....

Your budget and expense planning

How much money do you aim to raise for EJWF

If the event is raising funds for other organisations, please name the organisations and indicate the % for EJWF

Please indicate your

Estimated expenditure attach list if required

Estimated income

When do you expect the funds raised to be sent to EJWF

approximate date:

Funds to be deposited to EJWF within 30 days unless otherwise agreed.

Do you need any resources from EJWF?

Approvals

I acknowledge having read and agree to the fundraising rules and regulations outlined in EJWF Guidelines for Fund Raising and indemnify EJWF from and against any claims for injuries or damage arising at or from the event, product or service.

Signed: Date:

Thank you for your application

We will contact you shortly.

POST: to EJ Whitten Foundation - 13 Campbell St Yarraville VIC 3013

EMAIL: info@1300whitten.com.au

PHONE: 1300 WHITTEN (9448836)