



Event Registration Form

Thank you very much for offering to raise funds for Heart Children New Zealand and supporting Kiwi kids and their families living with heart disease.

To help us give you the best available support please take a few minute to complete this form in advance of your event and return it either via email to liz@heartchildren.org.nz, fax 09 377 9954 or post it back to Heart Children NZ, PO Box 108 034, Symonds Street, Auckland.

About you

Name: (Mr/Mrs/Ms/Dr or other) _____

Address: _____

_____ Post code: _____

Daytime telephone: _____ Mobile: _____

Email: _____ Date of Birth: ____/____/____

If under the age of 18 please provide the details of an adult supervisor:

Name: _____ Email: _____

Daytime telephone: _____ Mobile: _____

About your event / fundraising activity

What type of event are you holding? _____

Where are you holding your event? Date of event: ____/____/____ Time: ____

At home Local community Work Other: _____

How will you be raising your funds?

Raffle Auction Quiz night Collection Multi day

Ticket sales Barbeque Other: _____

Thank you for your support it really will make a difference

Declaration

I understand that Heart Children New Zealand cannot be held responsible for any personal injury, damage to property or financial losses that may occur as a result of the event named above. I agree to pay to Heart Children New Zealand all money raised within one month of my fundraising activity. I have read and understood 'Guidelines for fundraising events and activities'.

Signed : _____ Date: _____

(must be signed by someone over 18 years of age)