



look good **feel better**

FACING CANCER WITH CONFIDENCE

## REGISTER YOUR FUNDRAISING ACTIVITY

Thank you for choosing to fundraise for Look Good Feel Better.

In order for us to endorse your activity, please complete and return this form.

### About you

Name of Organisation (if applicable)		
First Name	Last Name	
Address		
Suburb	State	Postcode
Contact phone	Email	

### About your activity

Name of event/activity		
Date	Time	
Venue		
Description of event including how you will be fundraising		
Name of sponsors and/or products promoted or used (The name of sponsors must be submitted to ensure there is no conflict with current Look Good Feel Better relationships. Please include all details for sponsors you have secured, approached and intend to approach).		
Organisation	Organisation	Organisation
Contact	Contact	Contact
Relationship	Relationship	Relationship

Will any other organisation benefit from the fundraising? If yes, please provide details:
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Proposed budget – how much do you expect to raise?	\$
Anticipated Expenditure	\$
Anticipated Income	\$
Estimated donation (ie. total income-total expenditure)	\$

Signed	Date
<i>If you are under 18, please ask a parent/guardian or teacher to also sign this form:</i>	
Name	Relationship to organiser
Phone	Email
Signed	Date

**Please return this completed form to:**  
**fundraising@lgfb.org.au OR**  
**Look Good Feel Better Community Fundraising**  
**22/30 Maddox Street, Alexandria NSW 2015**

Thank you for registering your activity. We will contact you within five working days of receiving this form.