

ACTIVITY REGISTRATION FORM

Individual/Group/O	rganisation Name:		
		Email:	
Phone:		Fax:	
Postal Address:			
Suburb:	State:	Postcode:	
ACTIVITIES/EVENTS			
Description of plans	ned activities/events:		
DI 15 () ()		F 1	
		End:	
How many people a	re expected to participate?		
If your activities/eve	ents are high risk, do you have pub	olic liability incurance?	
□ No	Yes (please supply evidence of th		
ADRA New Zealand cannot provide public liability insurance cover for your activities/events.			
		,,	
Will you require ADI	RA New Zealand's promotional ma	aterials, such as posters, brochures, magazines a	nd
donation envelopes	?		
□No	Yes (ADRA New Zealand will prov	ide a current list of available materials)	
FUNDRAISING			
Will you be fundrais	ing through these activities/even	ts?	
□No	Yes (If you are fundraising for an	approved ADRA New Zealand project, please list it below:)
ADRA New Zealand can	provide details of current approved pro	ects.	 PTO

Please provide details of anticipated income and expenses for fundraising activities/events, and how				
funds will be managed: (If necessary, please attach additional pages)				
Income	Expenses			
(e.g. Donations, Admission fees, Sale of Products or Services)	(e.g. Venue Hire, Food, Decorations, Entertainment)			
How will funds be managed?				
(e.g. stored in a deposit box and deposited into a bank account upon completion of the event)				
As an organiser of activities that will raise donations for ADRA New Zealand, I agree that I will not				
commence activities/events until I have read and understood ADRA New Zealand's Fundraising				
Guidelines for Third Party Individuals, Groups or Orgar	nisations, which will be sent to me once i have			
completed and returned this form.				
Print Name	Title (in relation to the group)			
Signature	 Date			
Signature	Suite			
	Δ.			
POST OR FAX THIS ACTIVITY REGISTRATION FORM TO ADRA New Zealand):			
PO BOX 24-111				
Royal Oak				
Auckland 1345				
Ph: (09) 625 0888 Fax: (09) 262 5621				
Upon approval of your application a confirmation letter will be sent to you.				
Please choose how you would like to receive your confirmation letter: \Box Email \Box Fax \Box Post				