

Westpac Life Saver Rescue Helicopter

Northern Rivers | Mid North Coast | New England North

Operated by: Northern NSW Helicopter Rescue Service Ltd
 ABN 40 002 862 026 CFN 11992
 77 Krauss Ave, SOUTH LISMORE NSW 2480
 PO BOX 3080, LISMORE DC NSW 2480
 Tel (02) 6623 7300 Fax (02) 6623 7399 www.helirescue.com.au



AUTHORITY TO FUNDRAISE APPLICATION

1. Details of Applicant

NAME OF APPLICANT: (First Name) (Last Name)

NAME OF ORGANISATION:

ABN: (if applicable)

STREET ADDRESS:

SUBURB: STATE: P/CODE:

MAILING ADDRESS (if different from above):

SUBURB: STATE: P/CODE:

CONTACT PHONE: MOBILE:

EMAIL:

NAME OF REFEREE: (cannot be a relative or guardian):

CONTACT PHONE: EMAIL:

2. Details of Proposed Fundraising Appeal

DESCRIBE PROPOSED APPEAL:

DATE AND TIME OF APPEAL:

PROPOSED VENUE OF APPEAL:

DO YOU HAVE PUBLIC LIABILITY INSURANCE FOR THIS APPEAL? (attach) YES NO

DOES THE APPEAL REQUIRE PERMITS FROM COUNCIL/GOVERNMENT BODIES? YES NO

3. Fundraising Activities: (Please advise a budget outline, showing an estimate of the net income to be donated to Westpac Life Saver Rescue Helicopter Service.)

| ESTIMATED INCOME: | | ESTIMATED EXPENSES: | |
|-------------------|----------------------|---------------------|----------------------|
| Ticket Sales | <input type="text"/> | Venue | <input type="text"/> |
| Auction | <input type="text"/> | Food | <input type="text"/> |
| Raffle | <input type="text"/> | Prizes | <input type="text"/> |
| BBQ | <input type="text"/> | Printing | <input type="text"/> |
| Other | <input type="text"/> | Other | <input type="text"/> |

ESTIMATED INCOME TO BE DONATED TO WLSRHS: \$ _____

Receipt book required Money Tin Required Please indicate number of each required.

Associated Sponsors: (please list if applicable)

Other Recipients/Organisations:

Percentage split: (if applicable)

Other fundraising activities not listed above?

Do you intend to approach local business houses for prizes? If so, please list on a separate page.

4. **Assistance from the Westpac Life Saver Rescue Helicopter Service** (please tick the box that applies)

Use of WLSRHS Logo

In which way/s do you intend to use the logo?

Require a representative to attend the event/appeal (this will depend on availability)

Do you intend on approaching media to advertise your event? If so, how?

Please note: the appeal must not be used for direct commercial gain or profiteering. The appeal must have the potential for success so that neither the organisers or Westpac Life Saver Rescue Helicopter Service are liable for unpaid expenses.

5. **Fundraising Application and Acknowledgment:**

I/We on behalf of the above Applicant/Organisation, **apply** to Northern NSW Helicopter Rescue Service Limited ('the Service') t/as Westpac Life Saver Rescue Helicopter Service, for its Authority to hold the Fundraising Appeal for the benefit of the Service, the details of which are set out above. I/We acknowledge that any Authority granted by the Service will be strictly on the conditions set out in the Authority and Guidelines and any other conditions which the Service may reasonably require.

Signature(s) of person(s) responsible: Date:

Signature of witness: Date:

Privacy Statement: Your privacy is our priority. Westpac Life Saver Rescue Helicopter Service abides by the National Privacy Principles in all its dealings with members, volunteers and the public. The personal information you have provided will help us to process you as a valued supporter of our organisation and will be treated as confidential. To obtain a full copy of our privacy policy please call 6623 7300 or visit www.helirescue.com.au

| WLSRHS Office use only | | | |
|------------------------|--|----------------|--|
| Date Approved: | | Emailed: | |
| Merchandise: | | Receipt Books: | |
| Raffle Books: | | ATF CODE: | |
| Notes: | | | |