

REGISTRATION

Please Complete

YOUR GROCERY FUNDRAISER

Raising Money by Selling Products People Need

Tracey Taylor

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Web: www.yourgroceryfundraiser.co.nz

Name of Contact Person:	
Email Address:	
Best Contact Phone:	
Secondary Contact:	
Secondary Contact Phone & Email:	
Name of Your Fundraiser: (i.e. BOP U15 Rugby Team)	
What are you raising funds for? (i.e. New uniform)	
Category of Fundraiser for Website:	<input type="checkbox"/> Give-a-Little Page <input type="checkbox"/> Individual Cause <input type="checkbox"/> Interest Group <input type="checkbox"/> Sports Club <input type="checkbox"/> Educational Facility <input type="checkbox"/> Registered Charity
Fundraising Goal:	<input type="checkbox"/> < \$1000 <input type="checkbox"/> \$1001-\$3000 <input type="checkbox"/> \$3001-\$5000 <input type="checkbox"/> > \$5001
Duration of Fundraiser: Minimum is 2 weeks.	<input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 6 Weeks <input type="checkbox"/> Recurring Monthly
Start Date:	
Delivery Address:	
Suburb:	
Town/City:	
Method of Receiving Orders:	<input type="checkbox"/> Paper Based Only <input type="checkbox"/> Online Only <input type="checkbox"/> Paper Based/Online Combined
Your Bank Account Number	<u>Account Name :</u> ___ / ___ / ___ / ___
What products would you like to Fundraise with? 	
<u>Any Additional Information:</u>	