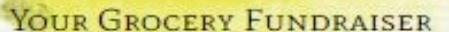


REGISTRATION

Please Complete

Name of Contact Person:		 <p>Donating 10% of sales back into our community</p> <p><i>Tracey Taylor</i></p> <p>Phone: 021 033 1296</p> <p>Email: yourgroceryfundraiser@xtra.co.nz</p> <p>Web: www.yourgroceryfundraiser.co.nz</p>
Email Address:		
Best Contact Phone:		
Secondary Contact:		
Secondary Contact Phone & Email:		
Name of Your Fundraiser: (i.e. Rock n Roll Club)		
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> ___ / ___ / ___ / ___	

Any Additional Information: