



Fundraising Registration Form

Instructions for Completion

1. Please read the Fundraising Guidelines
2. Complete this form.
3. Print a copy for your records.
4. Submit form for approval to a CARE Center staff liaison. You can expect a response within 5 – 10 business days.

Event Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email address: _____

Name of individual/group/team planning this event (if different from above):

Is the organizer 18 or older? _Yes _No (If the answer is no, we will need approval from a parent or guardian.)



PO Box 51 New Hope, AL 35760

www.thecare-center.org

10.19.15



About the Event

Name of proposed event:

Event date(s):

Event location (venue, city, state):

Detailed event description: _____

Is this a new event? Yes No

If you answered no, how many years has this event been conducted? _____

How many years has it benefitted The CARE Center? _____

Event Details

Event will be promoted to the general public Yes No

How much is the participant fee? \$ _____

What is the estimated net income (after expenses) for this event? _____

The CARE Center will receive 100% of the net proceeds: Yes No

If you answered no, what % of the proceeds will The CARE Center receive?



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Who are the other beneficiaries? _____

Does your company plan to match the amount raised? _Yes _No

Have you contacted The CARE Center office? _Yes _No

If you answered yes, please provide the name of the person you spoke with

Why did you choose to conduct your fundraiser for The CARE Center?

I have read the Fundraising Guidelines and will adhere to The CARE Center requirements. I acknowledge that The CARE Center is a beneficiary of this event and not a sponsor. I also understand that The CARE Center will not be held liable for any injuries or damages that may occur at this event.

I Agree

Signature _____

Date _____

Please email this form to: info@thecare-center.org



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