

# Fundraising Event Form

To be completed by event organiser



*We are delighted that you want to support the work of Epilepsy Ireland. Please take a few moments to complete the Fundraising Event Form. Thank you!*

## Your Details

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mobile Number: 08 \_\_\_\_\_

I am over 18. Yes  No

Best time to call: Morning

Afternoon

Evening

Any

### Official Use Only

Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Declined \_\_\_\_\_

## Event Details (Description of fundraising event)

Date of Event \_\_\_\_\_ Location \_\_\_\_\_

Are you having a street collection or raffle? Yes  No

If so, has a Garda permit or licence been applied for? Yes  No

*please send on a copy of your permit for our records.*

Do you require an Epilepsy Ireland representative to attend your event? Yes  No

*Whilst we would like to attend all events, we cannot guarantee availability*

## Event Promotion

Do you plan to promote the event on social media sites? Yes  No

Provide details \_\_\_\_\_  
\_\_\_\_\_

Please do not use our logo without prior consent and ensure that you comply with all legal requirements including Data Protection.

**Please return completed forms to:  
Epilepsy Ireland 249 Crumlin Road, Dublin 12**

## **Finance**

How much do you hope to raise? € \_\_\_\_\_ What expenses do you expect to incur? € \_\_\_\_\_

---

Is this event exclusive to Epilepsy Ireland? Yes \_\_\_\_ No \_\_\_\_

To comply with Fundraising Guidelines and to preserve the integrity of the organisers, it is required that at least two volunteers are involved in the counting and remitting of cash. Please provide the names and contact numbers of your nominated volunteers.

Name 1 \_\_\_\_\_ Name 2 \_\_\_\_\_

Mobile 1 \_\_\_\_\_ Mobile 2 \_\_\_\_\_

**For transparency on cash handling procedures please refer to cash handling procedures on the Charities Regulator website.**

I agree that monies will be lodged no later than 2 weeks after the event and will return a completed Event Income and Expenditure Form Yes  No

### **Disclaimer:**

We want you to enjoy your fundraising activities and stay safe! Epilepsy Ireland can accept no liability for any loss, damage or injury caused during the event you undertake. Epilepsy Ireland's insurance does not cover property or the property of your helpers and guests, nor does it cover your personal liability for any injury suffered by yourself or your event participants. Epilepsy Ireland reserves the right to terminate the agreement relating to the Event at anytime if it appears there is a likelihood of the Fundraiser failing to adhere to any of the above terms and conditions. By submitting this event form does not give you authority to carry out this fundraising event. Our team will be in contact within 7 days to discuss your fundraising proposal.

### **Agreement and Signature:**

- Yes, I agree to hold my fundraising event in accordance with the terms and conditions.
- Yes, I agree that Epilepsy Ireland will receive the funds in the agreed timeframe.
- Yes, I agree that all publicity for the event must be approved by Epilepsy Ireland.
- Yes, I confirm that I am over 18 years of age.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_