Prostate Cancer Foundation Project Release Form

Your Details

Contact Name and Address	
Email Address	Phone: D: M:
Event Title	

Tell us about your event

Location of event/project	*Date*
Estimated value of Fundraising	*Estimated expense to PCFNZ*
Estimated attendance at event	*Admission/Registration Fee payable by PCF*

As a community fundraising event/project you can use the PCF Logo as a Community Supporter.
Do you require a copy of the logo?
If Yes, what format do you require it in? PDF/JPG
If Yes then PCF will need to see all your promotional material which will have our name and logo on before you print and distribute this.

Do you require PCF Volunteers to work with you on/at the event?

Please attach an outline of your event/project. Information can include: Detailed budget; what your goals are and what you want the outcomes to be; promotion and publicity plan; consideration of legal requirements and risk management for your event/project; how you will evaluate the success of your event/project.
(Attach additional pages if necessary)

Declaration: *I understand that the Prostate Cancer Foundation of New Zealand cannot be held responsible for any personal in jury, damage to property or financial losses that may occur as a result of the event/project named above. I agree to pay the Prostate Cancer Foundation of NZ all money raised within three months of my fundraising activity.*

Event/Project Organiser's

Signature: _____ Date: _____

Thank you for supporting the Prostate Cancer Foundation

Please return this form to the Prostate Cancer Foundation NZ P.O. Box 301313, Albany, Auckland 0752
or email to info@prostate.org.nz