

Thank you for raising funds for Cancer Council Victoria's Relay For Life.

Please submit a Relay For Life Activity Proposal for all team fundraising activities to ensure your upcoming fundraising event is not only successful and fun, but also run safely and in accordance with the law. In order for insurance to be provided, all people participating in the fundraising activity must be registered for the Relay For Life event they are currently fundraising for. Participants have the option to be registered as either a Team Member, Committee Member, or a volunteer. If your event qualifies for Cancer Council Victoria's insurance cover, we will send you a confirmation email once the insurance has been sent.

Your Information

Name:

Team Name:

Relay For Life Event:

Team Captain Name:

Phone:

(Mob):

Email:

Tell us about your fundraiser

Name of your fundraiser:

Proposed date:

Proposed timeframe:

Address/venue of fundraiser:

Is your event a: Team Activity
 Committee Activity

Is the venue: a) Residential
 b) Public Place
 c) Hired Venue

If you answered b or c please complete the following information:

Business/Company Name:

Contact Name:

Phone: (BH)

Fax:

Email:

Has the Business/Company above requested a copy of Cancer Council Victoria's Public Liability Insurance?
 Yes No

Please select a category below that your event would come under:

Sausage Sizzle Auction Fun Run
 Shopping Centre Promotion Trivia Night Bike Ride
 Selling Raffle Tickets

Other, please specify:

Will you be preparing food at your event? Yes No

Will there be alcohol at your event? Yes No

Is a Liquor Licence required? Yes No

Is a Food Permit/handling certificate and or other permits required? Yes No

Will you require a Raffle Permit? Yes No

Will you require any other form of permit (Council/VicRoads)? Yes No

People involved in your fundraising/promotional activity

Please note Public Liability Insurance will not be sent until all people participating in your activity are registered as a Team Member, Committee Member or volunteer for the appropriate year (i.e. the year of the Relay event you are fundraising for).

Name:	Registered Team Member:	Registered Volunteer OR Committee Member:
•	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>

Representing the Cancer Council

How do you plan to promote your event:

Facebook Twitter Local Paper Radio

Other, please specify:

Information to note

The review and approval process may take up to **four weeks**. Please be mindful of this when submitting your proposal form. Cancer Council Victoria is entitled to reject/accept a fundraiser according to our policies, resources and insurance.

Disclaimer

It is a condition of participation in Relay For Life that all fundraisers act in a legal and ethical manner when representing Cancer Council Victoria. Legally all people fundraising on behalf of Cancer Council Victoria and Relay For Life must be registered participants in the year of the Relay event they are fundraising for.

All raised funds are to be donated to Cancer Council Victoria.

Signature:

(or signature of Parent/Guardian if under 18)

Name (Please Print):

Date:

Return completed form to:

Email: relayforlife@cancervic.org.au

Mail: Attention: Relay For Life
615 St Kilda Road
Melbourne VIC 3004

Office use only

Risk Assessment required: Yes No

Endorsement: Yes No

Insurance: Yes No

Special conditions:

APPROVAL: Approver: _____ Date: _____

Signature: _____

Admin Officer: _____ Sent out insurance: Sent out supporter confirmation Added to Risk Register

Date: _____