**Fundraising Event Form**

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| To be completed by Shelter NI | Event ref: |  |

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| --- | --- | --- | --- | --- | --- |
| **Full name** |  | | | | |
| **Address** |  | | | | |
|  | | | | **Post Code** |  |
| **Phone** |  | **Email** |  | | |

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| **Event Information** | | | | | | | | | | | |
| **What are your reasons for raising funds for Shelter NI?** | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| **Date** |  | | | | | | **Time** |  | | | |
| **Type of the event** | | | | | | | | | | | |
| Coffee Morning | | 🞏 | Baking Sale | | 🞏 | Marathon | | | 🞏 | Other | 🞏 |
| **If you have selected "other" please specify:** | | | | | | | | | | | |
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| **Name and Venue Address** | | | |  | | | | | | | |
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| **Declaration** |
| **By returning this this form you agree to the Shelter NI 'Terms and Conditions' as listed below.** |
| **1.** I understand that Shelter NI will, in no way, be liable for any claim any injury or loss that might occur as a result of this event. |
| **2.** I agree to send all proceeds of the event to Shelter NI as quickly as possible after the event. |

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| **Would you like to receive information about Shelter NI’s work time to time by email?** | | | |
| Yes | 🞏 | No | 🞏 |

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

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| **Please return completed form, signed and dated to:**  Shelter NI, 58 Howard Street, BT1 6PJ  or  events@shelterni.org |