

FUNDRAISING ACTIVITY LOG

Send to us 8 weeks before course start date

Please complete ALL sections and return to:

funding@outwardbound.co.nz / Fax +64 4 472 8059 / PO Box 25274, Wellington 6146 Keep a copy for your records.

PERSONAL DETAIL	_S			
Full name				
Gender	☐ Male ☐ Female			
Date of birth	1 1	Age (years)		
Daytime phone				
Mobile				
Course name				
Course date				
Your personal contributi \$	NTRIBUTION on (include fundraising efforts you	have listed be	low)	
Your friends'/family's cor \$	ntribution			
Your employer's contrib	ution			
Fundraising you have do	ne			Amount raised
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			_	\$

STEP 2 - COMMUNITY CONTRIBUTION							
Remember to check our for letter-writing tips							
APPLICATION TO LOCAL ROTARY CLUB							
Name of club							
Contact details of club							
Amount applied for	\$	Copy of application letter attached?	☐ YES ☐ NO				
Date applied	1 1						
Reply received	☐ YES ☐ NO	Copy of reply attached?	☐ YES ☐ NO				
Funding received	\$		_				
APPLICATION TO LOCAL LIONS CLUB							
Name of club							
Contact details of club							
Amount applied for	\$	Copy of application letter attached?	☐ YES ☐ NO				
Date applied	1 1						
Reply received	☐ YES ☐ NO	Copy of reply attached?	☐ YES ☐ NO				
Funding received	\$	copy of reply attached:					
	<u> </u>						
	TIONS/BUSINESSES YO	DU HAVE APPROACHED					
Name of organisation/business							
Result	☐ YES ☐ NO	Funding received \$					
Name of organisation/business							
Result	☐ YES ☐ NO	Funding received \$					
Name of organisation/business							
Result	☐ YES ☐ NO	Funding received \$					
Name of organisation/business							
Result	☐ YES ☐ NO	Funding received \$					
Name of organisation/business							
Result	☐ YES ☐ NO	Funding received \$					
Name of organisation/business		1					
Result	☐ YES ☐ NO	Funding received \$					

CHECKLIST							
This application must be received by Outward Bound at least 8 weeks before your course starts. HAVE YOU?							
enrolled on a course							
completed steps I &							
	ontribution and all funds raised to Ou	itward Bound at least 8 weeks	before course start date	2			
had your medical cor	mpleted with a doctor and approved	by the Outward Bound nurse.					
NOW – SEND THIS COMPLETED FUNDRAISING SUPPORT APPLICATION FORM TO OUTWARD BOUND							
WITH:	for for decision and						
	n for fundraising support Applications and replies (as mentioned)	in stehs 1 8, 2)					
Copies of ALL other a	applications and replies (ds mentioned	III steps 1 & 2)					
	any more information please call	0800 688 927 or email: fur	nding@outwardbound	d.co.nz			
Any other relevant informa	tion:						
OFFICE USE ONLY							
Full name of							
participant							
Fund name			Fund ID#	☐ Pub (1402)			
				□ NZCT (1149)			
				☐ OBF			
				☐ OBT			
Amount (excl GST)	\$						
Recommended by		Approved by					
Comments							