

# Grandmothers Event Registration Form



Fundraising Information	Group Contact Information
Event Name:	Group Name:  Group ID#:
Event Date & Time:	Mailing Address:  City/Town: Prov./Terr.:                      Postal Code:
Event Contact Person:	Email (event contact):
Signature (if possible):  x _____	Phone (event contact):

**What type of event are you organizing?** *(Please check all that apply)*

- Dinner/Brunch/Luncheon/Tea       Speaking Event       Scrabble  
 Pledge Event (e.g., Stride walk)       Concert/Film Screening       Dare/Dare to Dine  
 Sale: \_\_\_\_\_       Other: \_\_\_\_\_

**How will you be raising funds?** *(Please check all that apply)*

- Ticket Sales                       Sales                       Donations/Collection  
 Pledges                               Auction                       Other: \_\_\_\_\_

**Would you like SLF to post your event on our website?**     No     Yes

**Do you require materials from SLF?**     No     Yes

**Will you be creating your own promotional materials?**     No     Yes *(Please send for review)*

**Event Description**