



MI Care
Magnetic Island Community Care

FUNDRAISING EVENT REGISTRATION FORM

Event Details

• **Event Name:** _____

• **Date:** _____

Time: _____

• **Venue:** _____

Participant Details

• **Name:** _____

• **Address:** _____

• **Phone:** _____

• **Email:** _____

Participation Type (tick one):

- Individual Participant
- Team/Group (please list members)
- Volunteer Helper
- Sponsor/Supporter

Payment/Contribution

Registration Fee: \$ _____

Donation Amount: \$ _____

Other Contribution: _____

Acknowledgement

Please send me a receipt

I wish to remain anonymous

Declaration

I agree to participate in this fundraising event in support of Magnetic Island Community Care Association Inc. and understand that all proceeds will be used to benefit community programs, services, and activities.

Signed by Participant: _____

Date: _____

Note: Completed forms should be returned to the MI Care office or submitted online before the event date.