



AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF BRITISH COLUMBIA

## ALS Society of BC Third Party Fundraiser Registration Form

Thank you for your interest in supporting the ALS Society of BC through Third Party Event Fundraising.

Please complete this form at least one month prior to your event and return it to: **ALS Society of BC**

**FAX: 604-278-4257**

**EMAIL: [info@alsbc.ca](mailto:info@alsbc.ca)**

| GENERAL INFORMATION   |   |                                       |
|---|---|---------------------------------------|
| Sponsoring Agency/Individual/Organization:  |   |                                       |
| Contact Name:   |   |                                       |
| Address:  |   |                                       |
| City:   | Province:   | Postal Code:                          |
| Day Telephone(s) #:   |   |                                       |
| Email Address:  |   |                                       |
| EVENT INFORMATION   |   |                                       |
| Name of Fundraising Activity:   |   |                                       |
| Date of Event:  | Time:   |                                       |
| Location:   |   |                                       |
| Briefly Describe Fundraising Event/ Activity:   |   |                                       |
| Fundraising Goal:   |   |                                       |
|   |   | # of Expected Participants/Attendees: |
| PROMOTIONAL MATERIALS   |   |                                       |
| The ALS Society of BC is pleased to make the following promotional materials and assistance available to you at no cost. Please circle the items of interest and <b>allow for approximately two weeks for delivery.</b> (pick-up is also an option) |   |                                       |
| Donation Boxes  | Donation Envelopes                                    |                                       |
| Cornflower Pins   | ALS Society of BC Brochures                           |                                       |
| Balloons  | Pull Up Banner (MUST BE RETURNED TO ALSBC POST EVENT) |                                       |
| VOLUNTEER ASSISTANCE  |   |                                       |
| Do you require event day volunteer support from ALSBC volunteers? ___ Yes ___ No  |   |                                       |

SUBMITTED BY: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RECEIVED BY: \_\_\_\_\_  
ALS BC STAFF MEMBER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date