

Spastic Paraplegia Foundation, Inc.
Fundraiser Registration Form
Complete all that is applicable to your event.

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of Event: _____

Brief Description: _____

Date of Event (if known): _____ Time (if known): _____

Location: _____

Target audience for this event? (family, friends, community etc.) _____

of SPF brochures needed/ list other materials needed: _____

PROJECTED BUDGET

INCOME Dollar Amount

Ticket Sales, Admissions, Etc.	_____
Sponsors Ads (T-shirt, brochure, program ads)	_____
Corporate Donations	_____
Individual Donations	_____
Raffle/Auction/Other	_____

Total Income (Projected) _____

EXPENSES

Supplies	_____
Location/Equipment Rental	_____
Food/Beverage	_____
Entertainment	_____
Misc.	_____

Total Expenses (Projected) _____

Projected Income Projected Expenses Fundraising Goal _____

Send completed form to: Spastic Paraplegia Foundation, Inc.
 c/o Annette Lockwood
 7700 Leesburg Pike, Ste 123
 Falls Church, VA 22043-2616

Approved by the Board _____
 Date