

# 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.  
1605 Goularte Place  
Fremont CA 94539-7241

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Approved by the Board

\_\_\_\_\_ Date