

# Airdrie Public Library

## Third Party Fundraiser Registration Form

Name: [Click here to enter text.](#) Organization/Company: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City/Province: [Click here to enter text.](#) Postal Code: [Click here to enter text.](#)

Email: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Website: [Click here to enter text.](#)

Event/Campaign Start Date: [Click here to enter a date.](#)

Event/Campaign End Date: [Click here to enter a date.](#)

Event Time: [Click here to enter text.](#)

Venue Address: [Click here to enter text.](#)

How many people do you expect to attend/be involved? [Click here to enter text.](#)

How much money do you hope to raise for? [Click here to enter text.](#)

### How will funds be raised?

Ticket Sales  Auction  Donations  BBQ  50/50

Other: [Click here to enter text.](#)

### Would you like a representative from the Airdrie Public Library to attend or speak at your event?

Yes  No

### Do you intend on approaching any of the following for promotional sponsorship?

Print Media  Internet  Radio  Other [Click here to enter text.](#)

I, [Click here to enter text.](#) have read the Airdrie Public Library "Third Party Fundraiser Guidelines" in its entirety and accept all terms and conditions outlined within it.

[Click here to enter text.](#) Signature

Click here to enter a date. **Date**