



**RAFFLE BOOK ORDER FORM**  
**FUNDRAISING ADVENTURES**      **ABN 17 430 520 749**  
 1/10 New York Avenue, Warners Bay NSW 2282  
**Tel: 1300 554 282      Fax: 1300 556 275**

**PLEASE NOTE** this document is very important. The information you provide below will be used to personalise your raffle tickets.

Please ensure that all information is legible and that all spelling is correct. Any costs incurred as a direct result of incorrect information or the cancellation of an order four weeks or less from the raffle commencement date will be borne by your organisation.

\*Number of raffle books required: \_\_\_\_\_

\*Type of raffle: (circle) **Adventure(\$2)** Or **Entertainment(\$2)** Or **Combined (\$5)**

\*PACKAGE: (circle)                                      **RED**              **BRONZE**              **SILVER**              **GOLD**

**Please print in clear capital letters, letter space between words and no punctuation please**

E.g.: **ST JOHNS PRIMARY SCHOOL NORMANHURST**

\*SCHOOL/ORGANISATION NAME: \_\_\_\_\_

\*DRAW DATE: (e.g.: 12<sup>th</sup> September 2007) \_\_\_\_\_

\*DRAWN AT: \_\_\_\_\_

\*PERMIT/DECLARATION No. (As applicable): \_\_\_\_\_

\*There will be no opportunity for re-prints so please check above details carefully.

Date: \_\_\_\_\_

**\*\* Two Signatures at your discretion**

\*\*Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signed: \_\_\_\_\_

\*\*School/Organisation Representative Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Name of FA Consultant: \_\_\_\_\_ Signed: \_\_\_\_\_

DATE BOOKS REQUIRED: \_\_\_\_\_ FUNDRAISER COMMENCEMENT DATE: \_\_\_\_\_

**Please fax or send this form with your Fundraising Adventures Fundraiser Booking Form to the address or fax number above.**

**Office Use Only**

Date Order Received	Date Books Ordered	ACT Recorded	MYOB Invoice Sent	BP	CP	Coordinators Pack Sent

Referral source: \_\_\_\_\_

Special Instructions: \_\_\_\_\_