



FRIENDS OF WEXFORD GENERAL HOSPITAL
FUNDRAISING REGISTRATION FORM

Organisers Details

Details of Fundraiser Organiser 1

Name :

Address:

.....
.....

Email :

Phone:

Details of Fundraiser Organiser 2

Name:

Address:

.....
.....

Email:

Phone:

Event Details

*Details of proposed event:.....

*Date of event:

*Venue:

Do you require any assistance from Friends of Wexford General Hospital? Please specify:

.....
.....

(we can assist you with PR, provide you with posters, sponsorship cards, collection buckets, etc.)

Proposed date of handover of proceeds.....

Please note that legal/Gardai permissions, insurance cover and any other clearances or permissions remain the full responsibility of the above named organiser(s). *Denotes information that may be published on our website.