



Third Party Fundraiser Registration Form

Instructions:

- ✓ Review the fundraising guidelines.
- ✓ Complete this form.
- ✓ Keep a copy for your records.
- ✓ Submit the form for approval.

Contact Information:

Organization (if applicable): _____
 First Name _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Email _____

Fundraiser Information: (you may attached a second page if needed)

Description of Event _____

 Type of Fundraiser: _____
 Basic Concept of Event: _____
 Estimated Income: \$ _____
 Will Other Charities Receive a Portion of the Income? Yes No
 If So, Which Charities? _____
 Why Did You Choose To Hold A Fundraiser For Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas? _____

I AGREE, the event is credible, reputable and in line with the mission of the Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas. Participants understand that the events are not produced by or the responsibility of the Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas and must not state or imply that the Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas sponsors the event.

Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas does not supervise or control the event and therefore is not responsible or liable for any acts or omissions in connection with the event.

You agree that you release and agree to indemnify, defend, save, and hold harmless the Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas, all its regional offices, and its and their officers, directors, employees, contractors, volunteers, sponsors and agents from all claims arising out of or related to the event.

You agree to submit all money raised and a post event completion report to the Epilepsy Foundation Texas – Houston/Dallas-Fort Worth/West Texas within 30 days of event completion.

Signature _____

Date ___ / ___ / ___

Please submit to tschuler@eftx.org