



Name of Co-ordinator: \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other people involved (*names of committee members, positions held on committee, etc*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will any other organisation benefit from the fundraising?

*(Please tick appropriate box)*

No

Yes, Name \_\_\_\_\_

Will you need African AIDS Foundation to provide any of the following? *(Please tick appropriate boxes)*

Posters; how many? (Posters are A3 size) \_\_\_\_\_

Video

Representative to attend the day

African AIDS Foundation (ABN 39 095 833 935)  
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Registered Office: 37 Hilder Street, Elderslie. NSW. 2570.  
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