



Autism Family Services of New Jersey

Individual Fundraiser Registration Form

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

Contact Information:

First Name _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Alt. Phone _____
 Email _____ Fax _____

Fundraiser Information:

Description of Event _____

Type of Fundraiser:

- Auction Email Solicitation Party Sporting Event
 Car Wash Yard Sale Product Sale
 Other (explain) _____

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 Autism Family Services of New Jersey? _____

Third Party Indemnification

The events must be credible, reputable and in line with the mission of Autism Family Services of New Jersey. Participants must understand that the events are not produced by or the responsibility of Autism Family Services of New Jersey and must not state or imply that Autism Family Services of New Jersey sponsors the event. Autism Family Services of New Jersey 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 Autism Family Services of New Jersey, its affiliates, and its and their officers, directors, employees, contractors, volunteers, sponsors and agents from all claims arising out of or related to the event.

I AGREE Signature _____ Date ____/____/____

Please call Heather Comstock 609-392-4900 or hcomstock@autismfamilyservicesnj.org with any questions.