

COLCHESTER ZOO

Charity Fundraising Request Form

ABOUT YOUR ORGANISATION

Organisation name:	<input type="text"/>
Organisation website:	<input type="text"/>
Organisation contact name:	<input type="text"/>
Role of contact in organisation:	<input type="text"/>
Is the organisation a registered charity (Please tick):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please enter charity number:	<input type="text"/>
Organisation cause (Please choose):	<input type="text"/>
If other, please state cause below:	<input type="text"/>

EVENT DETAILS

Date of event:	<input type="text"/>
Number of people expected to attend the event:	<input type="text"/>
Please tell us a brief of the event and why you are holding it:	<input type="text"/>

CONTACT DETAILS

First name:	<input type="text"/>	Last name:	<input type="text"/>
Email address:	<input type="text"/>		
Contact number:	<input type="text"/>		
Address line 1:	<input type="text"/>		
Address line 2:	<input type="text"/>		
Town:	<input type="text"/>	Postcode:	<input type="text"/>
County:	<input type="text"/>		

If your request is successful, we will notify you via email. You will then be required to **send a copy of your application form with a stamped addressed envelope enclosed** to enable us to post the complimentary tickets back to you.

We would very much like to reply to each request but unfortunately our limited administration resources prevent us from doing so, therefore we are unable to reply to unsuccessful requests.