

# Campaign Registration Form

*Complete the following form and e-mail it to [workplace@ewb.ca](mailto:workplace@ewb.ca) to register your campaign with the National Office. You will receive a confirmation when your campaign has been acknowledged.*

Your Name:

Your Phone Number/E-mail:

Your Organization's Name:

Contact at Professional Chapter (Name/Phone Number/E-mail):

Campaign Name:

Campaign Start/End Date:

Campaign Goals (monetary or otherwise):

To raise \$ _____ and to reach _____ people in _____ days/weeks/months, from (start date) _____ to (end date) _____.
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Other goals:

- 1.
- 2.

We would like to participate in the Working Partnership program by raising funds for a specific volunteer (Yes/No): \_\_\_\_



(Selecting YES means you will be sent a current overseas volunteer profile, blog site, and sector information to use during your campaign.)

Campaign Schedule (attach a more detailed schedule if applicable):

Monday	Tuesday	Wednesday	Thursday	Friday

Event(s) Requiring National Office Resources (include event name(s) and required resources):

Event 1:

Event 2:

Other requests or questions for EWB:

Your Electronic Signature as the Campaign leader:

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Date Submitted:

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