

County 4-H Fund-Raiser Application

This form needs to be completed and returned to:

Staff Name: _____

Address: _____

At the _____ County 4-H Office for approval **before** any fund-raising activities can be held.

What is the proposed fund-raising activity? _____

When is the proposed fund-raising activity to take place? _____

Where is the proposed fund-raising activity to be held? _____

What is the fund-raiser's educational value to the members? _____

Proposed starting date of the activity: _____ Time: _____

Expected ending date of the activity: _____

Club Name: _____

Address: _____

Phone: _____

Person making request: _____ Phone: _____

For Office Use Only:

Approved _____ Date _____

Staff Signature