REQUEST FOR 4-H CLUB FUND RAISING PROGRAM APPROVAL
(Approval required for all amounts over $100)

Date: __________________________ Club Name: ________________________________

Leader’s Name: ________________________________

Address: __________________________________________

Daytime Phone: ________________________________

What will the funds be used for? (Be specific) __________________________________________

________________________________________________________________________________

Briefly describe the fund raising effort: __________________________________________

________________________________________________________________________________

Date fund raising activity will begin: ___________ and will end: ___________

Where will the fund raising activity take place? __________________________________________

Amount of money to be raised: $ _________________

__________________________________________  _________________
Leader’s Signature  Club Officer’s Signature

________________________________________________________________________________

APPROVED: __________________________________________ County Cooperative Extension

__________________________________________  _________________
Extension Agent  Date

Approval by Cooperative Extension does not constitute any guarantee of products sold, or assumes any
responsibility or liability for actions of those fund raising.

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