



4-H Club/Committee Fundraising Approval Form

Club Name: _____

Leader's Name: _____

Phone: _____ E-Mail: _____

Describe how the funds will be used:

Describe the fundraising effort, include how funds will be raised, what the product is (as applicable), cost, etc.:

Date fundraising activity begins: _____ Date fundraising activity ends: _____

Where will the fundraising activity take place? _____

Amount of money to be raised: \$ _____

Club Leader/Committee President Signature: _____

Date Submitted: _____

Please note: Approval by the County 4-H Office does not constitute any guarantee of products sold, nor assumes any responsibility or liability for actions of those raising funds.

Please submit this form to your County 4-H Office for approval.

FOR COUNTY 4-H OFFICE USE

Date Received: _____ By: _____

4-H Staff Member Signature: _____ Approved: _____ Not Approved: _____

Notes to Leader: _____

Scan & Email to Leader – Date Returned: _____ By: _____

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