4-H Club Fund-Raising Report Form
Michigan State University Extension Kent County

This form needs to be completed and returned to the Kent County 4-H Office 10 business days after the approved fund-raising activity is held.

What was the approved fund-raising activity?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Where and when did the approved fund-raising activity take place?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Income from the approved fund-raising activity: (a.) $_________________

Expenses from the approved fund-raising activity: (b.) $_________________
(please list general expenses)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Profits from approved fund-raising activity: (a. minus b.) $_________________

Comments: Things learned -
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Club / Group Name: _____________________________________________________________
Address: ___________________________________________________________________
Person submitting the report: ________________________________________________
Phone: _______________________________ email: _________________________

Return to: Attn: 4-H Fund-Raiser Report Form
Mail: Kent County 4-H
775 Ball NE
Grand Rapids, MI 49503
FAX: 616-336-3836

For office use only: Date Received: ____________ Date reviewed: ____________________
Review Signature: ______________________________________________________________