



## Wexford County 4-H Fund-Raiser Application

*This form needs to be completed and returned for approval **before** any fund-raising activities can be held.*

Return to:

**Tracy Trautner, 4-H Program Coordinator**

MSU Extension - Wexford County

401 N. Lake St., Suite 400

Cadillac, MI 49601

What is the proposed fund-raising activity?

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

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

Proposed starting date of the activity: \_\_\_\_\_ Time: \_\_\_\_\_

Expected ending date of the activity: \_\_\_\_\_

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person making request: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **For Office Use Only:**

Approved \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature

*Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.*



**Wexford County 4-H Fund-Raising Report Form**

*This form needs to be completed and returned to the Wexford 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?

How did the activity go? (i.e. What did the youth learn? What will you do different next time?)

Income from approved fund-raising activity: \$ \_\_\_\_\_

Expenses from approved fund-raising activity: \$ \_\_\_\_\_

(Please list general expenses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Profits from approved fund-raising activity: \$ \_\_\_\_\_

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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