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