

**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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