

4-H FUNDRAISING REQUEST FORM

GAMES OF CHANCE/RAFFLES NOT PERMITTED

Club Name: _____

Describe Type of Event (ex: flower sale, car wash, yard sale, etc): _____

Date and Time of Event: _____

Site of Event: _____

_____ **Funds raised**

will be used by club for: _____

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I understand that ALL fundraisers must be reviewed by 4-H Committee and Extension Office educator before a club starts solicitations. I will also plan accordingly, noting that the 4-H Committee meets the 2nd Tuesday every other month.

Advisor Signature: _____ **Date:** _____

Contact phone / E-mail: _____

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Date Request Received in Office: _____

This fundraising event has been: APPROVED DENIED

Reviewed by (4-H Educator): Angie Allison

Date of Decision: _____

