



Request for 4-H Club Fundraising Program Approval



Club Name: _____

Leader's Name: _____

Address: _____
Street # City Zip Code

Home Phone: _____ E-Mail: _____

What will the funds be used for? _____

Briefly describe the fundraising effort: _____

Date fundraising activity begins: _____

Date fundraising activity ends: _____

Where will the fundraising activity take place? _____

Amount of money to be raised? \$ _____

Leader's Signature _____ Date: _____

APPROVED: Maricopa County 4-H Office
4341 E. Broadway Rd.
Phoenix, AZ 85040
602-470-8086

Agent's Signature _____ Date: _____

Approval by the 4-H Office does not constitute any guarantee of products sold, nor assumes any responsibility or liability for actions of those raising funds.