

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: \$ _____

Club Leader's Signature

Club Officer's Signature

APPROVED: University of Arizona, Cooperative Extension, Pinal County 4-H Youth Development (YD)

4-H YD Agent Signature

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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