

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? _____

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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.

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.

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