APPLICATION FOR APPROVAL FOR FUND RAISING ACTIVITIES
INDIAN RIVER COUNTY 4-H CLUBS

Name of Club __________________________________________ Date ____________

Club Leader __________________________________________ Phone ____________

Proposed Fund Raising Activity – All clubs are required to obtain prior approval from the County Extension Director or 4-H Extension Agent for each fund raising activity

Date ______________________ Time ________________________

Location __________________________________________________________________________

Name of Adult Supervising Activity

Description of Activity: (include type, how selected, and names & phone numbers of persons and/or organizations involved). If it includes using the 4-H Name & Emblem on a product, please work closely with the Extension Office:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Purpose of Activity: Describe why your club is conducting this fund raising activity and what the proceeds will be used for.

_____ Specific event or activity ______________________________________________________

_____ Purchase Equipment

_____ Recognition of youth or adults

_____ Transportation expenses

_____ Club celebrations

_____ Charity or giving to others

_____ Other: ____________________________________________________________________

Requested by __________________________________________ Date ______________
(Leader’s signature)

For Extension Service Only:

Approved _________ Denied _________ Date __________________________

Further instructions or reasons for non-approval: ______________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

By: ___________________________________ (Extension Director or 4-H Agent’s signature)

Person notified: ______________________ Date: __________________________