APPLICATION FOR APPROVAL FOR FUND RAISING ACTIVITIES
ESCambia COUNTY 4-H CLUBS

Name of Club ________________________________ Date __________

Club Leader ________________________________ Phone __________

Address __________________________________________________________________________________

**Proposed Fund Raising Activity – Please turn in after planning meeting and make adjustments throughout the year if new fund raising opportunities are planned**

Date ____________________ Time ____________________________

Location __________________________________________________________________________________

Name of Adult Supervising Activity ____________________________________________________________________

Description of Activity (include type, how selected, and names 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. If used for general support, estimate the proposed amounts. Youth may use a decision making process to determine approximate amounts for their club budget.

____ Specific event or activity __________________________________________________________

____ Equipment

____ Recognition of youth or adults

____ Transportation

____ Club celebrations

____ Charity or giving to others

____ Other: ________________________________________________________

Requested by ________________________________ Date __________

(Leader’s signature)

Approved by ________________________________ Date __________

(4-H Agent’s signature)

Return to: Escambia County 4-H, 3740 Stefani Road, Cantonment, FL 32533

*Foundation for the Gator Nation—an equal opportunity institution*