REQUEST FOR 4-H CLUB FUND RAISING PROGRAM APPROVAL

Club Name: Queen Creek 4-H

Leader's Name: _____

Address: _____
Street # City Zip

Phone: _____ Date: _____

What will funds be used for?: _____

_____

_____

_____

Briefly describe fund raising effort: _____

_____

_____

_____

Date fund raising activity begins: _____

Date fund raising activity ends: _____

Where will fund raising activity take place?: _____

_____

Amount of money to be raised: $ _____

Leader's Signature: _____

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

AGENT'S SIGNATURE: _____

DATE: _____

Approval by 4-H office does not constitute any guarantee of products sold, or assumes any responsibility or liability for actions of those raising funds.

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