DESO TO COUNTY 4-H
FUNDRAISER ACTIVITY
APPROVAL FORM

Name of Club/Group: _________________________________________________________

Today’s Date: ______________________ Date of Fundraiser: _________________

Type of Fundraiser: __________________________________________________________
(yard sale, car wash, candles, wreaths, cookie dough, horse show, barbeque, etc.)

Location of Fundraiser: _______________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Amount of Funds You Plan to Earn: ____________________________________________

Educational Purpose of Activity (Explain how funds will be used): ______________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Name/Telephone Number of Adults in Charge of 4-H Activity:_________________________
___________________________________________________________________________

Leader/ 4-H Representative Signature: _________________________ Date: ____________

4-H Agent or County Extension Director Signature: ___________________ Date: ________

Revised: 080614