



Event / Fund-Raising Application

Club Name _____ Request Date _____

Club Leader _____ Phone Contact _____

Date of Event/Fund Raiser: Click here and type date

Location of Event/Fund Raiser: _____

Address _____ City _____

Is a Certificate of Insurance required by this location? Yes No Don't Know

Description of Event/Fund Raiser:

For what purpose are you raising these funds?

Please Provide The Following Signatures:

Organizational/Club Leader: _____

Club President: _____

Club Treasurer: _____



----- **For Office Use Only** -----

____ Approved ____ Denied

Date _____ 4-H Agent _____

Reason: _____