



CLUB



Event Request Form

Title of Event/ Activity: _____

Individual(s) Responsible for Coordinating Event: _____

Position	Email	Phone Number

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Event Level:

- County
- Multi- County/ District

Event Occurrence:

- State
- National
- New Event
- Reoccurring

Type of Event/Activity:

- Fundraiser
- Retreat
- Competition
- Conference/Seminar
- Social Activity
- Program
- Camp
- School Enrichment Program
- Organized 4-H Club
- After-School Program
- Special Interest Classes/Clinics
- Other _____

Scheduled Date(s) of Event/Activity: _____

Scheduled Time(s) of Event/Activity: _____

Location(s) of Event/Activity: _____

Number of People Attending Event: _____

Would You Like Us to Share this Information? Yes No
If yes, at the local, district, state, or all levels: _____

How does this event/ activity promote the mission of the 4-H program? _____

Provide a brief description of the event/activity that you are planning: _____

Requester Signature

Agent Approval



"The Foundation for the Gator Nation" An Equal Opportunity Institution
Highlands County 4-H