



APPLICATION FOR APPROVAL FOR FUND RAISING ACTIVITIES

Name of Club _____ Date _____

Club Leader _____ Phone _____

Club Leader 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*

_____ *Club celebrations*

_____ *Recognition of youth or adults*

_____ *Charity or giving to others*

_____ *Transportation*

_____ *Other:* _____

Requested by _____ Date _____
(Leader's signature)

Approved by _____ Date _____
(4-H Agent's signature)

Return to: St. Johns County 4-H, 3125 Agricultural Center Drive, St. Augustine, FL 32092 or kcanderson@sjcfl.us.