4-H FUNDRAISING APPROVAL FORM
Return to the Walton County 4-H Office at least 1 week prior to event.

Date: ____________________

Name of 4-H Club: ____________________________________________________________

Leader’s Name: ______________________ Phone Number: _______________________

1. For what will the money be used?

2. List and briefly describe planned fundraising activities. Includes dates.

3. Do you plan to solicit donations? __ YES __ NO. List businesses, groups, individuals you plan to ask for donations and what you plan to ask for:
   Who? ______________________ What? ______________________

4. Any fundraising event must be properly chaperoned to insure the health and safety of the youth involved. Please list those adults who will be serving as chaperones.

5. Any other information/comments:

__________________________________________________________
Signature of Club Leader

Changes required/comments:

Approval/Disapproval: ____________________________________________

Signature of 4-H Agent ______________________ Date ______________________

Rev May 2009