Application for Approval of Fundraising Activities
Sarasota County 4-H Clubs

Name of Club: ___________________________________________ Date: __________________

Club Leader: ___________________________________________ Phone: __________________

Mailing Address: _______________________________________

Proposed Fundraising Activity (type of event, how it was selected, and individual in charge):
_________________________________________________________________________________
_________________________________________________________________________________

Purpose of Fundraising Activity (why is your club conducting this fundraising activity and what will the proceeds be used for):
_________________________________________________________________________________
_________________________________________________________________________________

Estimate of income received from this fundraising activity: __________________________

Date: _______________________________ Time: _______________________________

Location: _______________________________________________________________________

Requested by: __________________________________________________________________

Approved: __________ Date: ______________ By: _________________________________

Yes / No 4-H Agents Signature

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