

## 4-H Event/Activity/Fundraising Form

## Request must be submitted to Extension Office two weeks prior to fundraising activities

Date Received

Date Approved

Person(s) making request:			Phone:	
Event Start Date:		Event End Date:		
Name of Activity/Event:				
Description (include educati	ional purpose, who w	vill benefit from this 4-H eve	ent, activity	y, or fundraising):
Location:				
What will funds/awards be u	used for:			
Destination of event proceed	ds: Club Acc	count \$		
	4-H Cour	ncil \$		
	Other	\$		
Permission/Release Form m	nust be signed for nor	r any non 4-H participants. (n 4-H participants.) Permiss ave form prior to event and	ion/Release	e Forms are available at
after the event.				
Completed form must be r	returned 2 weeks aft	ter completion of 4-H even	t/activity/f	lundraiser event.
Due Date:				

National/State Policy: All fundraising or use of the 4-H emblem may only be used with approval and is restricted to being used for 4-H educational events or activities. No use of funds can be utilized for a private individual or cause. This approval allows the event or activity to use the 4-H name and emblem. Any trophies or ribbons must contain the 4-H emblem. For additional information, see State 4-H Treasure Handbook.



Expenses: (supplies, rentals, meals, equipment, insurance, mileage—itemize all costs and include copies of all receipts) attach additional pages if needed.  Amount (\$) Item Description
Total (\$):
Income: (Itemize registration fees, entry fees, donations—Include copies of deposit slips or receipts)  Amount (\$) Item Description
Total (\$):
List all 4-H members, leaders and or parents that have or will participate or benefit from this event/activity/ or fundraiser: (attach additional pages if necessary.)

Return form to:

MSU/Flathead County Extension 1108 South Main St., Kalispell MT 59901 or by email to extension@flathead.mt.gov

Signature of MSU Extension Agent Approving

The programs of the MSU Extension Service are available to all people regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Issued in furtherance of cooperative extension work in agriculture and home economics, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Cody Stone, Extension Service Director, Montana State University, Bozeman, MT 59717.

Signature of Requestor