

Application for Approval of Fund Raising Activities Hillsborough County 4-H Clubs

Name of Club: _____ Date: _____

Club Leader: _____ Phone: _____

Address: _____

Proposed Fund Raising Activity

Date: _____ Time: _____

Location(s): _____

Name of Adult Supervising activity: _____

Description of Activity:

(Include type, how selected, and names of persons/organizations involved)

Purpose of Activity:

(Please explain why you are conducting this fund raising activity and EXACTLY what the proceeds will be used for.)

Requested by: _____ Date: _____

Leader's Signature

Approved by: _____ Date: _____

Agent's Signature

