



FUNDRAISER REQUEST FORM

4-H CLUB REQUESTING PROPOSED FUN	DRAISER:
CLUB LEADER:	
MAILING ADDRESS:	
CONTACT PHONE NUMBER:	
DATE OF PROPOSED FUNDRAISER:	
LOCATION OF FUNDRAISER:	
IF HELD DURING FESTIVAL /FAIR/ ETC. I	DOES CLUB NEED TO PURCHASE INSURANCE?
DETAILED DESCRIPTION OF PROPOSED	FUNDRAISER:
PURPOSE OF FUNDS TO BE RAISED (MU	ST BE EDUCATIONAL):
NAMES OF TWO (2) LEVEL-TWO NON-R	ELATED* ADULTS RESPONSIBLE AND ON-SITE AT ALL TIMES:
Extension 4-H Youth Development Program. 2. F fundraising activities will be at the discretion of t Leader for district/statewide 4-H fund raising. 3. of Florida and USDA, and is obligated to follow al Extension 4-H Youth Development Program. 4. A held in the authorized 501(c) (3) 4-H foundation.	d, using the 4-H name and emblem, are property of the University of Florida/IFAS funds are to be raised only to further the educational goals of 4-H. Approval for the County 4-H Agent and County Extension Director, or the State 4-H Program Any 4-H organization, at any level within the state, is accountable to the University Il policies, procedures and regulations established by the University of Florida/IFAS All 4-H program funds, including all 4-H Clubs with funds in excess of \$100, shall be Source: http://florida4h.org/policies/#funds * Program coordinators will ensure enrolled individuals who are non-related present during any interactions with youth
SIGNATURE OF LEADER	DATE
Attn: Office Manager,	ne (1) month in advance of proposed fundraiser to UF/IFAS Extension Office, PO Box 219, Bronson, FL 32621 Fax: 352-486-5481. or bring form by office at 625 N. Hathaway Ave., Bronson
	······ FOR OFFICE USE ONLY
Received on by	
Given to director for approval on	
APPROVED NOT APPROVED ——	SIGNATURE OF DIRECTOR
NOTIFICATION TO ORGANIZATION ON _	BY PHONE EMAIL