

## **Request to Fundraise**

All 4-H fundraising activities need prior approval from the county 4-H Program Coordinator or 4-H Youth Development Regional Specialist. Return this form to your 4-H county extension office within 30 days of the fundraising decision and **prior to** the fundraising activity. Please attach additional pages as needed. This form should be completed in collaboration with youth members of the club/group. You will need to work with 4-H staff for any fundraiser that requires a Facility Use Agreement and Certificate of Insurance (at least 60 days prior to the event).

## Please type or print neatly all sections below.

4-H Club Name:		Date:
<b>Contact Person:</b> (certified volunteer in charge of event)	Phone:	Email:

## PART A

Date for Activity:	Estimated Expenses:	Estimated Income:				
Name and Address of Facility where the event is being held (if applicable): (please print)						
If the fundraiser involves serving food, please list the name of the 4-H adult volunteer who will be participating at the event and who has received a current food handlers permit from county health district. (please print)						
Describe the activity, includ	ing products to be sold or se	rvices to be rendered. (please print)				
		eceived from 4-H fundraising programs, e expended to further 4-H educational				
• •		r fundraiser. Example: For a fruit sale email to prospective customers, etc.				

**Risk Analysis:** Write down the risks and insecurities your fundraiser is likely to face. Example: For a fruit sale fundraiser, a risk is that fruit is a perishable item and subject to spoilage. (please print)

PART B	8
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Are you doing this fundraiser in support of or in conjunction with outside groups or organizations? ( <i>check one</i> )
If you checked yes, please answer the questions below:
What group(s) or organization(s) will this fundraiser benefit? (please print)
How will this fundraiser benefit the group(s) or organization(s)? (please print)
Please describe the needs of the group(s) or organization(s) and how they were determined. (please print)
What are you planning to do with the items or money collected in support of this group(s) or organization(s)? (please print)
By signing below, you confirm the accuracy of the information provided above.

Club Presic	lent (print name)	Signature	Date	
4-H Adult V	olunteer (print name)	Signature	Date	
AL.	Approved By:			
	4-H Faculty/Designated Staff	Signature	Date	

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