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 educational purpose, who will benefit from this 4-H event, activity, or fundraising):

Location: ___________________________

What will funds/awards be used for: ___________________________

Destination of event proceeds:        Club Account $ ___________________________

                                         4-H Council $ ___________________________

                                         Other $ ___________________________

Permission and Release Forms will be needed for any non 4-H participants. (EX Open horse show
Permission/Release Form must be signed for non 4-H participants.) Permission/Release Forms are available at
the Extension Office. Person responsible must have form prior to event and it must be attached to this form
after the event.

Completed form must be returned 2 weeks after completion of 4-H event/activity/fundraiser 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.
4-H Event/Activity/Fundraising Form

Expenses: (supplies, rentals, meals, equipment, insurance, mileage—itemize all costs and include copies of all receipts) attach additional pages if needed.

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<th>Amount ($)</th>
<th>Item Description</th>
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Total ($): 

Income: (Itemize registration fees, entry fees, donations—Include copies of deposit slips or receipts)

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Total ($):

List all 4-H members, leaders and or parents that participated or benefit from this event/activity/ or fundraiser: (attach additional pages if necessary.)

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Signature of MSU Extension Agent Approving

Signature of Requestor

Return form to:

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

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, Jeff Bader, Extension Service Director, Montana State University, Bozeman, MT 59717.