



# 4-H Event/Activity/Fundraising Form

Date Received

Date Approved

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

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.



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

Amount (\$) Item Description

<u>Amount (\$)</u>	<u>Item Description</u>

Total (\$):

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

Amount (\$) Item Description

<u>Amount (\$)</u>	<u>Item Description</u>

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.)

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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](mailto: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, Cody Stone, Extension Service Director, Montana State University, Bozeman, MT 59717.