



4-H Club Fundraising Request Form

Date: _____
4-H Club/Learning Community Name: _____
Contact Name: _____
Phone Number: _____
Email: _____

Proposed Fundraiser Information

Date(s) of Fundraiser: _____
Location of Fundraiser: _____
Club Account Balance _____
Who will benefit from the funds raised? _____
Who will donor funds be made payable to? _____
Description of Fundraiser: _____

Educational Purpose:

Pre-Event Signatures

Club Treasurer Signature: _____
Club Leader Signature: _____
Extension Council Designee Signature: _____

Post-Event Report

What did your club members learn?

Date of deposit at Extension office: _____
Club Treasurer Signature: _____
Extension Council Designee Signature: _____

*Submit the report one month prior to your event.
Complete post-event report and budget within ten days of your fundraising event.*

Fundraiser Budget Worksheet

	Estimated	Actual
Income		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____
	Estimated	Actual
Expenses		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____
Net Income	\$ _____	\$ _____