Golden Prairie Extension District #12 – Fundraising Request Form

4-H Entity Name: ______________________________________ 4-H Club
                                                                 ______________________________________ 4-H Council
                                                                 ______________________________________ 4-H Ambassadors

Please Describe the Fundraiser:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Forms of Payment Accepted: ______________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Will a petty Cash Box be used? ________________ (yes/no)
If yes, Starting Amount of Cash Box: ______________________________________

Will Receipts to patrons be issued? ________________ (yes/no)

Will the following disclaimer be displayed at the sale venue? ________________ (yes/no)

“A portion of the sales price of this product or service will be used to promote 4-H educational programs. No endorsement of the product or service by 4-H is implied or intended.”

Purpose of Fundraiser:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

If you have special accounting procedures that you will use, please describe them on the opposite side of this page.

Proposed Date of Fundraiser: ________________________________
Proposed Location of Fundraiser: _____________________________
Permission granted from the location’s Property Owner/Manager? ________________ (yes/no)

Completed by Staff Only
Date of Office Receipt:
Date of Executive Board Review:

Executive Board: Approved / Denied