

4-H FUNDRAISING REQUEST FORM

Please return to the Extension Office to be forwarded to the 4-H Leaders' Association for review.

REMINDER: A post-fundraising report including profit and loss must be submitted to the Association at the next monthly meeting.

Date _____ Date and location of event _____

Person submitting (name/phone number) _____

Identity purpose/description of fundraising activity _____

Will the fundraiser need the SC Leader's Assoc raffle license? Yes / no

Is start-up money needed? _____ If so, how much? \$ _____

Estimated income \$ _____ % to Leader's Association _____ (if any)

Funds raised will be used for 4-H at

_____ County level

_____ Individual level

_____ Club level

_____ other (Fairgrounds, Relay for Life, etc.)

_____ Project level

For Leader's Association Use ONLY

Approved Yes/No by _____

Actual amount of money raised \$ _____

Amount of start-up money given \$ _____

Date start-up money repaid ___/___/___

Cash or check # _____

% to Leader's Association _____

Date and amount paid ___/___/___ \$ _____

Cash or check # _____

% to Sawyer County Leader's Association

<u>Money Raised</u>	<u>Percentage</u>
\$0 - \$100	\$0
\$101 - \$400	20%
\$401 and over	15%

(\$ to SCLA not to exceed \$150)