

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_



# RIO ARRIBA COUNTY 4-H PROGRAM

## Fund Raiser / Sponsorship / Activity Request Form

Club Name \_\_\_\_\_

Club Organizational Leader \_\_\_\_\_

Please Check One:

\_\_\_\_\_ Request to conduct a Fundraiser      \_\_\_\_\_ Request to solicit Sponsorship or Donation

\_\_\_\_\_ Activity outside of regular 4-H Club Meeting

**(WHAT IS THE EVENT)** Describe the activity or the manner in which you will solicit sponsorships or donations. If soliciting sponsorships/donations, list all individuals that will be approached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(HOW WILL THE FUNDS BE USED / PURPOSE OF ACTIVITY)** Describe the fund raising / sponsorship / activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(WHEN WILL THE ACTIVITY/EVENT TAKE PLACE)** Describe the time line of this activity:

\_\_\_\_\_  
\_\_\_\_\_

Organizational Leaders Signature: \_\_\_\_\_

(For Fundraisers) Club Treasurer Signature: \_\_\_\_\_

(For Activity) Club President Signature: \_\_\_\_\_

**REQUEST MUST BE COMPLETED AND SUBMITTED AT LEAST TWO WEEKS PRIOR TO EVENT**

R 5/2018