



TOOLE COUNTY 4-H FUND RAISING REQUEST FORM

This form must be completed returned to the Toole County Extension Office for any activity in which funds will be raised using the 4-H name and/or emblem. The club/group must receive approval from the Extension office before any fund raising activities can be held.

Club Name: _____

Person making request: _____

What is the proposed fund raising activity? _____

When is the proposed fund raising activity to take place? _____

Where is the proposed fund raising activity to be held? _____

Why is the proposed fund raising activity being requested? _____

Proposed starting date of the activity: _____

Time: _____

Expected ending date of the activity: _____

Leaders Signature _____ Date _____

Approved _____ Denied _____ (If denied explain on back)

Extension Agents Signature _____ Date _____

Return to: **MSU Extension-Toole County**
226 South 1st Street
Shelby, Montana 59474
406-424-8350

TOOLE COUNTY 4-H FUNDRAISER REVIEW FORM

This form needs to be completed and returned to the Toole County Extension office within 10 business days after the approved fundraising activity is held.

Date: _____

Club Name: _____

Address: _____

Phone: _____

What was the approved fundraising activity? _____

Where and when did the approved fundraising activity take place? _____

Income from approved fundraising activity \$ _____

Expenses from approved fundraising activity \$ _____

(please list general expenses) _____

Profits from approved fundraising activity \$ _____

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