CLATSOP COUNTY 4-H LEADER ASSOCIATION
APPLICATION FOR 4-H FUND RAISING PROJECT

Date of activity: ___________________________ What is the event: ___________________________

Where: __________________________________________________________________________________

Who is sponsoring the event: __________________________________________________________________________________

Who will be involved: # of 4-H Members: __________
# of 4-H Leaders: __________
# of other adults: __________

Who will be accountable: __________________________________________________________________________________

What will the profit be used for: __________________________________________________________________________

What safety precautions were considered and implemented: ______________________________________________________

What equipment will be used: ______________________________________________________________________________

Is there accident insurance for participants: __________________________________________________________________

If so, please specify: ______________________________________________________________________________________

I understand that if a certificate of insurance is required this is the responsibility of the individual club and/or committee.

Signed: ____________________________ ____________________________
4-H Club Representative Date

Approved: ____________________________ ____________________________
President, Clatsop County Leaders Assoc. Date

*4-H leaders are automatically covered for tort liability as soon as they are officially enrolled. This does not cover fund raising activities. This application must be completed and approved BEFORE THE DATE OF THE ACTIVITY.