4-H Fund Raising Form

If your Club/Division is planning to participate in any fund raising activity, you must receive permission from the 4-H Program Coordinator at least three weeks prior to the activity. After review and approval you will receive a sign to post at the activity.

Please return this completed form with all attachments at least three weeks prior to the activity to:
OSU Extension Service/Josephine County 4-H
215 Ringette Street
Grants Pass, OR 97526

Club/Division Name ___________________________ Date Submitted ___________________________

Chairperson’s Name ___________________________ Phone ___________________________

Date of Fund Raising Activity ___________________________ Amount you plan to raise ___________________________

If the final amount raised exceeds $300.00 you will need to submit a 4-H Fund Raising Event Financial Report (attached) within one month from the date of the final event. Failure to do so could result in loss of approval for future events.

Location of Fund Raising Activity: ________________________________________________________________

Description of Fund Raising Activity: ______________________________________________________________

For what will the funds be used (be specific)? ________________________________________________________

________________________________________________________

Please attach to this form any flyer or registration/application that will be used for this activity.

Attached (check all that apply):  □ Flyer for advertisement  □ Registration/Application Form

Well thought out planning, with safety in mind, will make for a successful fund raising event.

Safety precautions you will use - - check all that apply:

□ first aid kit  □ copies of medical release forms with emergency phone numbers

□ cell phone  □ written notification to parents, complete with times, place and cell phone #

□ if serving food - permit from health department
   Name of person with Food Handlers license __________________________________________________

□ adult supervision at all times  □ utilize "buddy system"

Explanation of additional safety precautions you will use: ____________________________________________

Will you be obtaining additional insurance for this activity/event?  □ Yes  □ No

If Yes, from what company? ________________________________________________________________

For office use only

Approval granted:  □ Yes  □ No  Date chairperson notified ___________________________  Date ___________________________

Chris Names, 4-H Agent/Josephine County

Fund Raising Form rev 3-08.doc
4-H Fund Raising Event Financial Report
Submit within one month of this event if more than $300.00 was raised.

Club/Division Name  ___________________________  Date of the event(s)  ________________

Chairperson's Name  ___________________________  Phone  ____________________________

Income:
Fees  $__________  (a)
Donations  $__________  (b)
Other:  $__________  (c)
        $__________  (d)
        $__________  (e)

Total Income (a+b+c+d+e)  $__________  (A)

Expenses:
$__________  (f)
$__________  (g)
$__________  (h)
$__________  (i)
$__________  (j)
$__________  (k)
$__________  (l)
$__________  (m)
$__________  (n)
$__________  (o)

Total Expenses (f+g+h+i+j+k+l+m+n+o)  $__________  (B)

Event(s) Net Profit(+) / Loss(-)

(A) $__________  -  (B) $__________  = $__________