

FOR OFFICE USE ONLY

Date Received _____

Date Approved _____



LOS ALAMOS COUNTY 4-H PROGRAM

Fund Raiser Request Form

Club Name _____

Club Organizational Leader _____

(WHAT IS THE EVENT) Describe the activity or the manner in which you will implement the fundraiser:

(HOW WILL THE FUNDS BE USED / PURPOSE OF ACTIVITY) Reason for the fundraiser:

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

Organizational Leaders Signature: _____

Club Treasurer Signature: _____

Club President Signature: _____

Los Alamos CES Agent Signature: _____

REQUEST MUST BE COMPLETED AND SUBMITTED AT LEAST ONE WEEK PRIOR TO EVENT