

**CEDAR COUNTY 4H
REQUEST FOR CLUB FUND RAISING**

CLUB NAME: _____

CLUB LEADER _____ **PHONE:** _____

TREASURER/FINANCE CHAIRMAN: _____ **PHONE:** _____

TYPE OF FUNDRAISER: _____

Location of Fundraiser: _____

Dates of Fundraiser: _____

How will members participate? _____

How will parents participate? _____

Expected Expenses: _____

Expected Income: _____

Expected Profit: _____

Purpose of Fundraiser: _____

Approved by Extension Staff: _____

DATE: _____

Name/Title