

**APPLICATION FOR APPROVAL OF FUND RAISING ACTIVITIES
4-H CLUBS OF OTTAWA COUNTY**

Name of Club: _____ Date: _____

Administrative Leader: _____ Phone: _____

Address: _____

PROPOSED FUND RAISING ACTIVITY:

Date: _____ Time: _____

Location(s): _____

Name of Adult Supervising Activity: _____

Description of Activity: (Include type, how selected, and names of persons and/or organizations involved.)

Purpose of Activity: (Please explain why you are conducting this fund raising activity and exactly what the proceeds will be used for.)

Requested by: _____ Date: _____
(Leader Signature)

Approved by: _____ Date: _____
(4-H Program Coordinator Signature)

Return to the 4-H office for approval:

MSU Extension/Ottawa County
12220 Fillmore St. Suite 122
West Olive, MI 49460

Or may be faxed to: 616-994-4579