

REQUEST FOR LAPORTE COUNTY 4-H FUNDRAISING APPROVAL



(Approval required for all amounts)

Date:	Club/Committee Name:	
4-H Volunteer Name Subm	nitting Request:	
E-mail Address:		Phone:
Briefly describe the fundra	ising effort:	
		and will end (mm/dd/yr):
Where will the fundraising	_	
4-H Name and Emblem is	included)	ase attach any logos, promotional materials, etc. where the
Desired amount of money		
4-H Volunteer's Signature		Club/Committee/Group Officer's Signature
I APPROVE DO HAS DOES NOT HA		undraising effort described in this request. This group e 4-H Name and Emblem as described in the request.
4-H Extension Educator		Date