

BRADFORD COUNTY 4-H FUND RAISING PROPOSAL

To the Volunteer Leader:

Please complete and submit this proposal form for approval
one month prior to the start of the proposed project.

Date Submitted _____ Name of 4-H Club _____

Name of 4-H Club Organizational Leader _____

Number of 4-Hers in Club _____

Purpose for Raising Funds _____

Brief description of Fundraising Project _____

Signature of 4-H Organizational Leader _____

Please return to:
Debbie Nistler
4-H Agent
226 N Temple Avenue
Starke, FL 32091

***** FOR OFFICE USE ONLY *****

Approved _____ Disapproved _____

Agent Comments _____

BRADFORD COUNTY 4-H PARENT/GUARDIAN PERMISSION FOR FUNDRAISING

I understand that the _____ 4-H Club is raising money for the 4-H learning opportunity of _____. I permit my daughter/son to participate by _____. I will be responsible for being sure the product and/or money is turned in by _____.

Parent/Guardian Signature

Date