

## 4-H Activities Funding Request

**DUE: At least one month prior to the activity and must be presented to the Leaders Association Meeting prior to the activity.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Club Name: \_\_\_\_\_

Name of 4-H Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Anticipated expenses for participation in Activity:

Registration Fee: \_\_\_\_\_

Travel (Airfare costs or include mileage if driving): \_\_\_\_\_

Lodging Expenses: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

Other sources of support for this activity: \_\_\_\_\_

\_\_\_\_\_

Special Needs (Please supply additional information that affects attendance to this activity):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: If funds are allocated for this activity **receipts or proof of participation is required.** In addition, participants are expected to provide a report or program upon completion of this event, to share what they learned with others from this experience.**

Approved by: \_\_\_\_\_ (Leaders' Association Representative)