

**BELL COUNTY 4-H
APPLICATION FOR SPONSORSHIP OF 4-H EVENT**

NAME: _____ 4-H CLUB: _____

ADDRESS: _____ PHONE: _____

CITY/ST/ZIP: _____ AGE: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAMES: _____

FOR WHAT 4-H EVENT ARE YOU SEEKING SPONSORSHIP?

EVENT INFORMATION:

DATE: _____

LOCATION: _____

TOTAL COST TO ATTEND: _____

WHAT AMOUNT OF MONEY ARE YOU REQUESTING? _____

ARE YOU RECEIVING MONEY FROM ANY OTHER SOURCE? _____

PLEASE GIVE A BRIEF DESCRIPTION OF THE EVENT AND STATE HOW YOU PLAN TO TO BENEFIT FROM ATTENDING THE EVENT/WHAT YOU PLAN TO LEARN.

SIGNATURE

DATE

IN ORDER TO RECEIVE SPONSORSHIP, YOU WILL BE REQUIRED TO PROVIDE A TRAINING FOR THE BELL COUNTY 4-H PROGRAM WITHIN 90 DAYS UPON RETURNING FROM THE TRAINING.

APPLICATION FOR SPONSORSHIP MUST BE SUBMITTED WITHIN 30 DAYS BEFORE THE EVENT TAKES PLACE. PLEASE REFER TO THE BELL COUNTY 4-H FINANCIAL POLICIES FOR AN EXPLANATION OF ALL REIMBURSEMENT REGULATIONS.