



Calgary Regional 4-H Council Program Funding Request Form

This form is intended to access budgeted funds only.

Funds Requested By: _____
(Organizing district, committee or club)

Contact Person: _____

Address: _____

Program/Event Name: _____

Date of Program/Event: _____

Number of Attendees:

Members: _____ Leaders/Adults: _____

Budget Amount Requested: _____

Note: An income & expense sheet must be submitted to receive funds.

Return complete documents to:

Calgary Regional 4-H Council
P.O. Box 10575, Stn M
Airdrie, AB T4A 0H8

DO NOT WRITE BELOW THIS LINE:

Bank Account Name: _____ Cheque No: _____

Total Amount Due: _____ Date Issued: _____

Cheque Issued By: _____
(signature)

Audit Receipt signed and returned: _____