



**Calgary Regional 4-H Council
General Funding Request Form**



Funds Requested by (district, committee or club name): _____

Contact Person's First & Last Name: _____

Contact's Email Address: _____

Contact's Phone Number: _____ Home **OR** Mobile **OR** Work

Program/Event Name: _____

Date of Program/Event: _____

Budget Amount Requested: \$ _____

Number of Attendees Expected:

Members: _____ Cleavers: _____ Leaders/Adults: _____

Note: A budget that includes income and expenses for this program/event must be submitted with this form, in order to receive funding

Method of Payment Preferred: E-transfer **OR** Cheque

Club Email for E-transfer: _____

If cheque preferred, please provide club's mailing address:

Address: _____

City: _____ Postal Code: _____

Please email request and budget to calgaryregional4hcouncil@gmail.com **OR**

Mail to:

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

DO NOT WRITE BELOW THIS LINE:

Fields below are to be completed by the Calgary Regional Council Executives Members only

Total Amount Due: \$ _____ Date Issued: _____

Bank Account Name: _____ Cheque #: _____

E-transfer Confirmation #: _____

Payment Issued By (print name): _____

Signature: _____

Audit Receipt signed & returned: _____ Date Returned: _____