

# St Clair County 4-H Fund-Raiser Evaluation Form

*This form needs to be completed and returned to the St Clair County MSU Extension within 14 days after the approved fund-raising activity is held.*

What was the approved fund-raising activity? (Include company if applicable): \_\_\_\_\_  
\_\_\_\_\_

Where and when did the approved fund-raising activity take place? \_\_\_\_\_  
\_\_\_\_\_

Would you recommend this fund-raiser to other 4-H Clubs? \_\_\_\_\_

Did you encounter any problems with the fund-raiser that the MSU Extension staff should be aware of? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

1. Income from the approved fund-raising activity \$ \_\_\_\_\_ (1) \_

Expenses from approved fund-raising activity \$ \_\_\_\_\_  
(Please list general expenses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Total Expenses \$ \_\_\_\_\_ (2) \_

3. Profit from approved fund-raising activity \$ \_\_\_\_\_ (3) \_  
(Subtract line 2 from line 1)

Club Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Return to:** St Clair County MSU Extension Office Phone: (810) 989-6935  
Attn: 4-H Coordinator Fax: (810) 985-3557  
200 Grand River Ave #102  
Port Huron MI 48060

4-H Staff Signature: \_\_\_\_\_