

# 4-H Event Planning Request Form



**LARIMER COUNTY**  
COLORADO STATE UNIVERSITY  
EXTENSION

This form must be filled out **prior** to the planned event. This request form must be submitted to the 4-H County Extension Agent at least **two months** before the advertising of the proposed event.

1525 Blue Spruce Drive  
Fort Collins, Colorado 80524-2004  
(970) 498-6000  
FAX: (970) 498-6025  
www.larimer.org/ext

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

Name of 4-H Club/Group: \_\_\_\_\_

Name of Organizer: \_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

.....

Event Title: \_\_\_\_\_

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

Alternative Date (secondary recommendation): \_\_\_\_\_

Expected Attendance (Min-Max): \_\_\_\_\_

Set-up Time (date, approximate time): \_\_\_\_\_

Event Time (start and end time): \_\_\_\_\_

.....

Proposed Location Name: \_\_\_\_\_

Proposed Location Address: \_\_\_\_\_

Proposed Location Confirmed:                      YES                      NO

**\*\*\* If this event is not at The Ranch or Extension office:**

Property Owner's Name: \_\_\_\_\_

Property Owner's Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

.....

Event Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Purpose/ Desired Outcome:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# 4-H Event Planning Request Form

Estimated Cost- (\$/participant): \_\_\_\_\_

How will this event be funded?

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Will this event be advertised?                      YES                      NO

Please describe the advertising needs of this event:

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Participant Age Group: \_\_\_\_\_

Event Audience (4-H Members, Outreach, etc.): \_\_\_\_\_

Participants (please provide a list):

Will this event be available to people outside 4-H?                      YES                      NO

Are there any age restrictions for this event?                      YES                      NO

**\*\*\* Please explain the age restrictions:**

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## Requirements for Participation:

- Examples: Follow 4-H Dress Code, 4-H Code of Conduct, Active Larimer County 4-H Member in GOOD STANDING, etc.
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**Housing Specifics-** (If Needed- i.e. location, duration, is a chaperone plan needed, etc.):

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(FOR OFFICE USE ONLY)

The above fundraiser has been:     Approved     Denied

Extension 4-H Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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