

RAFFLE REQUEST FORM



CAMPUS & STUDENT CENTERS

(A) Raffle Specifications:

Date Raffle will Go on Sale: _____

End Date/Date of Drawing: _____

Cost per Raffle Ticket: _____

Number of Tickets to Print: _____

Description of Prizes to be Awarded:

(B) Organization: _____

Contact: _____

Phone: _____

Email: _____

(C) Settlement Information:

Fund?: 815 816 Account Number: _____

(D) Raffle Design:

The following information will print on the raffle ticket:

Name of the Sponsoring Organization

Date of Drawing

Ticket Cost

There are four additional description lines available on the raffle. Please indicate what you would like to print on the raffle ticket, such as special charity fundraiser and/or prizes to be awarded.

(4 lines – max 20 characters)

(E) Required Signatures:

By signing below, I understand the Policies and Procedures regarding raffles as outlined in the Student Organization Training and understand that the following will be deducted from the final settlement: ticket fee of \$.10 per ticket and the cost of any unsold consigned tickets. I further understand that tickets may only be sold on the WCSU campus, unless a State of Connecticut permit is secured.

Date _____

Treasurer or President

Date _____

Advisor

For Box Office Use Only

Date Processed ____/____/____ Event Code: _____

Performance Code: _____ Processed By: _____