

RAFFLE TICKET REQUEST FORM

To request raffle tickets this form must be submitted to the Student Activities Office, Student Center, L104, at least ten (10) days prior to the start of ticket sales.

Today's Date:								
Date tickets needed by:		Dates of ticket sales:						
Contact Person:	Email:		Phone:					
Number of Tickets Requested:	_ (maximum	of 200 tickets printed a	t one time)					
Information for Raffle Tickets:								
Type of Raffle (check one) □ Class A	□ Class B	(See Raffle Guidelines #3)						
Organization & Raffle Name:								
Prizes or percentage of winnings (e.g. 50/50)								
Date of Raffle Drawing:	Гіте:	Location of Raffle:						
Ticket Cost: \$Multiple Ticket	cket Cost: _	for \$	_					
SAMPLE TICKET								
UW-Parkside Student Org Coucil 900 Wood Rd P.O. Box 2000 Kenosha, WI 53141-2000 Student Org Drawing: Septeml Location: Student	ber 1, 2012	at Noon	Name: Ticket Buyer Address: Student Center 200 Wood Rd Box 2000 City, State: Kenosha, WI Phone: 262-595-2307 Ticket #					
License #		\$1 each or 6 for \$5	P G S S					
List all prizes and approximate retail v	ralue:							
List all expenses:								
List all donations and source of donation	s:							

TO BE COMPLETED WITHIN 48 HOURS OF RAFFLE:

All stubs for raffle tickets sold and all unsold tickets must be returned to the Student Activities Office with 48 hours of the raffle drawing. All tickets/stubs must be archived for one (1) year.

List of persons, including name and address, winning prizes with a retail value of \$ 100 or more (attach a list).

Name	Address / City / State / Zip						
Raffle Date:	Gross Receipts: \$		Expenses: \$	Net Profits: \$			
This form was completed by:							
Name:				Date:			
Address:							
City:			_	Zip Code:			
Phone:		Email:					