

RAFFLE REQUEST FORM

STUDENT ORGANIZATION



CAMPUS & STUDENT CENTERS

(A) Raffle Specifications:

Purpose of Raffle:

Drawing Date _____ Time _____

Cost per Raffle Ticket:

Number of Tickets to Print: _____
(additional tickets can be printed)

Date Tickets to go on sale: _____ @ 10:00am

Description of Prizes to be Awarded:

(B) Organization

Name _____

Contact: _____

Phone: _____

Email: _____ @connect.wcsu.edu

Settlement Information:

Fund X81001 X81000 Account Number W

(C) Raffle Design:

The following information will print on the raffle ticket:

Name of the Sponsoring Organization _____
Date of Drawing _____ Ticket Cost _____

There are three 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.
(3 lines – max 20 characters)

(D) Required Signatures:

By signing below, I understand the Policies and Procedures regarding raffles and understand that the following will be deducted from the final settlement: ticket fee of \$.15 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.

Treasurer or President _____ Date _____

Advisor _____ Date _____

Student Activities Fiscal Assistant _____ Date _____

For Box Office Use Only

Date Processed ____/____/____ Event Code: _____

Performance Code: _____ Processed By: _____