

# 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 815 816 Account Number

### (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: \_\_\_\_\_