

2017 MTN/CHEVY RAFFLE

Area/Program Reconciliation Form

FORM MUST ACCOMPANY TICKETS.

Credit for Sales Goes To:

_____ Area (please circle one) BSAR CTAR CRAR FVAR GLAR GNAR NEAR
PBAR SEAR SWAR TCAR YVAR Chapter
_____ Local Program: _____
If designated to Program rather than Area

TICKET SALES

1. Total number of tickets sold _____ x \$5.00 \$ _____
2. Amount Enclosed \$ _____

Ticket stubs, reconciliation and sales amount should be returned to your Area Raffle Finance Chair or the address below. **DO NOT mail cash.** A personal or certified check should be forwarded for the sales amount. A check from the program account may also be used.

**Use this box only as entry for the Norbie Challenge. Only registered athletes are eligible.
Please list the quantity of tickets sold by each athlete.**

Name: _____	Tickets Sold: _____
Name: _____	Tickets Sold: _____
Name: _____	Tickets Sold: _____
Name: _____	Tickets Sold: _____
Name: _____	Tickets Sold: _____

**If submitted by mail, all sold tickets and money must arrive at the SOMT Office by May 2, 2017.
All unsold tickets must be returned to Special Olympics Montana immediately following the raffle.**

Return to: Special Olympics Montana
Attention: MTN/Chevy Raffle
710 1st Ave N / PO Box 3507 (59403)
Great Falls, MT 59401
1.406.216.5327 or 1.800.242.6876 (MT only)

AREA CONTACT INFORMATION

Contact Name _____
Address _____ City _____ St/Zip _____
Phone _____ E-mail _____
Date _____ Signature _____

Visit www.somt.org for additional forms

Office Use Only: Over/Short: _____ Amt Rec: _____ Deposit # _____