

2017 MTN/CHEVY RAFFLE

**Board Reconciliation Form**

FORM MUST ACCOMPANY TICKETS.

**Credit for Sales Goes To:**

Name: \_\_\_\_\_

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

Ticket stubs, reconciliation and sales amount should be returned to SOMT at the address below. **DO NOT mail cash.**  
A personal or certified check should be forwarded for the sales amount.

**IF SUBMITTED BY MAIL, ALL SOLD TICKETS AND MONIES MUST ARRIVE AT THE SOMT OFFICE BY MAY 2, 2017.**  
**ALL UNSOLD TICKETS MUST BE RETURNED TO SPECIAL OLYMPICS MONTANA BEFORE OR IMMEDIATELY FOLLOWING THE DRAWING.**

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)

**CONTACT INFORMATION**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Visit [www.somt.org](http://www.somt.org) for additional forms