2026 MTN CHEVY RAFFLE RECONCILIATION FORM

Special Olympics Montana

This form must accompany all sold ticket stubs.

AREA CONTACT INFORMATION

Contact Name:_____

Phone: _____E-mail: _____

Date: _____ Signature: _____

CHAMPION'S CHALLENGE

FILL OUT THE BOX BELOW TO QUALIFY REGISTERED ATHLETES FOR THE CHAMPION'S CHALLENGE.

All Champion's Challenge entries must be received at SOMT by April 20, 2026

Use this box only as entry for the Champion's Challenge.
Only registered athletes are eligible.
Please list the quantity (how many) tickets sold by each athlete.

Athlete's Name: _____ # of Tickets Sold:____
Athlete's Name: _____ # of Tickets Sold:____
Athlete's Name: _____ # of Tickets Sold:____
Athlete's Name: _____ # of Tickets Sold:____
Athlete's Name: _____ # of Tickets Sold: _____

Please print additional names on additional forms.

TICKET SALES INFORMATION

1. Total number of tickets sold : #_____ x $5.00 = $ _____
2. Amount Enclosed: Checks $_____ Cash $ _____ Total $ _____

CREDIT FOR THESE SALES GO TO:

3. AREA (Circle one if appropriate) BSAR CRAR FVAR GLAR NEAR SWAR TCAR YVAR

4. PROGRAM/TEAM _____

(Only if credit goes to a local program rather than an area. Leave blank if credit goes to the area circled above.)

Ticket stubs, reconciliation, and sales amount should be returned to your Raffle/Finance Coordinator or the address below. DO NOT mail cash. Personal, business, or certified check(s) or a check from the program account should be submitted.

All ticket stubs and money must arrive at the SOMT Office by May 1, 2026.

All unsold tickets must be returned to Special Olympics Montana immediately following the raffle.

Return to:
Special Olympics Montana
MTN Chevy Raffle
PO Box 3507
Great Falls, MT 59403

Questions?
Wendy: ph 406-564-2244
or wrispens@somt.org

SPECIAL OLYMPICS MONTANA
MTN CHEVY RAFFLE

OFFICE USE ONLY

#1 INTAKE

Initials indicate that total dollar amount on #2 is correct.

Date _____
POC #1 _____
SOMT #2 _____

#2 DEPOSIT

Date _____
Deposit # _____
Total $ _____
Over $ _____
Under $ _____
Initials _____

#3 CHAMPION'S CHALLENGE

Date _____
Entered in DB (#) _____
Initials _____

#4 FINAL TICKET COUNT

Date _____

# of Tix _____

Initials _____

Notes (optional):