2027 MTN CHEVY RAFFLE RECONCILIATION FORM

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 26, 2027

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 sold tickets, money and unsold tickets must arrive at the SOMT Office by May 7, 2027.

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

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):