2012 OPTIMUM/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.

IF SUBMITTED BY MAIL, ALL SOLD TICKETS AND MONIES MUST ARRIVE AT THE SOMT OFFICE BY MAY 11, 2012. ALL UNSOLD TICKETS MUST BE RETURNED TO SPECIAL OLYMPICS MONTANA BEFORE OR IMMEDIATELY FOLLOWING THE DRAWING.

Return to: Special Olympics Montana
Attention: Optimum/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 for additional forms

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