



2012 OPTIMUM/CHEVY RAFFLE



"Go for the Goal Challenge" / "Golden Norbie Soccer Challenge"

Use this form only as entry for the Go for the Goal, Golden Norbie Soccer Challenge.

Eligible individuals are Registered Athletes, SOMT Certified Coaches, Area Directors, AMT Members and LPC's

FORM MUST ACCOMPANY TICKETS.

Credit for Sales Goes To (Name): _____

Address, Phone & email: _____

Please circle one of the following: Registered Athlete SOMT Certified Coach Area Director AMT Member LPC

_____ 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.

PLEASE NOTE: ONLY TICKETS RECEIVED AT SOMT OFFICE BETWEEN JANUARY 11 AND APRIL 30, 2012 WILL BE ELIGIBLE FOR THE "GO FOR THE GOAL CHALLENGE/GOLDEN NORBIE SOCCER CHALLENGE 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 # _____

Go for the Goal Challenge: _____ Golden Soccer Challenge: _____ Date Received: _____