Special Olympics
Montana

# 2010 BRESNAN /CHEVY RAFFLE

**TICKET DISTRIBUTION FORM**

**For audit purposes we must account for every raffle ticket printed. Please note the ticket numbers, who they were distributed to and when returned. (Include record of sold and unsold tickets.)**

NAME _____ DATE _____

BUSINESS _____ BUTTONS _____

ADDRESS _____ POSTERS _____

CITY, ST ZIP _____ PHONE _____

BEGINNING TICKET _____ ENDING TICKET _____ # OF TICKETS _____

VALUE OF TICKETS $_____

**Please record local distribution of tickets: (Please make copies if additional space is needed.)**

| Date | Ticket #'s | Name/Address/Telephone | Tickets #'s Returned |
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**Special Olympics Montana – PO Box 3507 – Great Falls, Montana 59403-3507 – (800-242-6876)**

**ALL UNSOLD TICKETS MUST BE RETURNED TO THE SOMT OFFICE ALONG WITH STUBS AND THIS FORM.**