



**Special
Olympics**
Montana

2020 MTN/CHEVY RAFFLE

Area/Program Reconciliation Form

FORM MUST ACCOMPANY TICKETS.

AREA CONTACT INFORMATION

Contact Name _____

Phone _____ E-mail _____

Date _____ Signature _____

STOP! YOU MUST FILL OUT THE BOX BELOW TO QUALIFY ATHLETES FOR THE CHALLENGE OF CHAMPIONS!

Use this box only as entry for the Challenge of Champions. Only registered athletes are eligible.
Please list the quantity of tickets sold by each athlete.

Name: _____	How Many Tickets Sold: _____
Name: _____	How Many Tickets Sold: _____
Name: _____	How Many Tickets Sold: _____
Name: _____	How Many Tickets Sold: _____
Name: _____	How Many Tickets Sold: _____

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 money must arrive at the SOMT Office by April 28, 2020.
All unsold tickets must be returned to Special Olympics Montana immediately following the raffle.**

Return to: Special Olympics Montana
Attention: MTN/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)

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