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
__________   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 # _______________