



**Special
Olympics**
Montana

2022 MTN/CHEVY RAFFLE

Area/Program Reconciliation Form

THIS FORM MUST ACCOMPANY ALL SOLD TICKETS.

SOMT USE ONLY

**Rec'd by
initials**

**2nd
Person
initials**

Date:

AREA CONTACT INFORMATION

Contact Name _____

Phone _____ E-mail _____

Date _____ Signature _____

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

All tickets intended to count towards Challenge of the Champions must be received at SOMT no later than April 26, 2022!

Use this box only as entry for the Challenge of Champions. Only registered athletes are eligible.
Please list the quantity (not ticket numbers) 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 May 13, 2022.
All unsold tickets must be returned to Special Olympics Montana immediately following the raffle.**

Return to: Special Olympics Montana
MTN/Chevy Raffle
PO Box 3507
Great Falls, MT 59403
1.406.216.5327 or 1.800.242.6876 (MT only)

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