



**Raffle Registration Form**

*Sponsor Information:*

Submission Date

Sponsor(s): (Club/Organization/Dept.)		
Contact: (Advisor)	Phone:	Email:
Contact:	Phone:	Email:

*General Information:*

Raffle Description/Purpose:	
Endorsed by Senate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated # of tickets to be sold:
Location(s) of ticket sales:	
Date sales begin:	Date sales end:
Time sales begin:	Time sales end:
Cost of individual ticket:	

*Schedule for Drawing of Winner(s)*

Location:	Date:	Time:
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*Prize(s) Information*

Individual Prize(s)	Qty	Retail Value	Source	Donated or Purchased

Total Retail Value of Prizes \_\_\_\_\_

*Required Signatures:*

Advisor:	Date:
Club/Organization President:	Date:
Club/Organization Treasurer:	Date:
Director of Campus Life:	Date:
Dean of Enrollment Services:	Date:
Vice President of SAS:	Date: