



SPECIAL OLYMPICS IDAHO
2019 50/50 Add-On BONUS Raffle.
Raffle Ticket Request Form

Date of Request: _____

YES, I want to sell 50/50 Add-on Bonus Raffle tickets for...(PLEASE CHECK ONE)

[] STATEWIDE PROGRAM OR [] For my Local Program (provide Team name below)

Local Program (Team) Name: _____

SOID Board [] SOID Staff [] LETR [] Business [] _____

Requested by: (Ticket Coordinator Information)

Name: _____ Day Phone: _____

Address: _____

(city)

(state)

(zip)

Please send _____ tickets to the above address (tickets in increments of 25; i.e., 25, 50, 75...

SELLER STATEMENT OF UNDERSTANDING

- I understand that I am responsible for these tickets and pledge to sell them in good faith.
I understand that I am responsible for reconciling all ticket stubs and money and submitting them to the Chapter Office monthly along with a completed Sales Reconciliation form(s).
I understand that I am responsible for returning ALL money, ticket stubs and unsold tickets to the Chapter office no later than MAY 30, 2019.

Signed: _____ Date: _____
(seller)

Ticket Requests may be submitted by any of the following three methods:

- 1. Complete this form and mail it to: Special Olympics Idaho, Att: Ticket Request, 199 E. 52nd Street, Garden City, Idaho 83714
2. Fax a completed form to: (208) 323-0486
3. Complete this form provided online at www.idso.org
Incomplete Request forms WILL NOT be processed!
Tickets will be mailed within three days of receipt of complete Request form

FOR OFFICE USE ONLY: Ticket numbers checked out:

