



**SPECIAL OLYMPICS IDAHO
2019 *Fuel the Passion* Auto Raffle
Raffle Ticket Request Form**

Date of Request: _____

YES, I want to sell Auto 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 two days of receipt of complete Request form

FOR OFFICE USE ONLY: Ticket numbers checked out:
