

**QUINSIGAMOND COMMUNITY COLLEGE
RAFFLE REQUEST FORM**

Update: 7/3/2019

Date of Request: **RAFFLE #20** _____ - _____

Club/Organization Name _____ Club/CC# _____

Raffle Inclusive Dates: Start Date: ____/____/____ To: ____/____/____

Drawing Date: _____ *(Drawing has to take place on this legally binding date)*

Drawing Time: _____ Price Per Ticket: _____

Drawing Location: _____

Raffle Prize/s: _____

Any additional prizes can be submitted on a separate sheet attached to this form

Tickets Sold: On Campus _____ Off Campus _____ Both _____

Quantity of Tickets to be Printed: _____
All tickets must be accounted for. Unsold tickets need to be returned to the Business Office. The club is responsible for the cost of any missing tickets.

Purpose of Fundraising Activity: _____

Club/CC Official-Print Name: _____ Signature: _____

Club/CC Advisor Print Name: _____ Signature: _____

College Ext# of Club Advisor: _____

Approval Signatures

Director of Student Life & Leadership
Ashlee Givins

Date

Assistant Vice President for Finance/Comptroller
Debra A LaFlash

Date