

**RAFFLE REGISTRY FORM**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Ticket Sellers: \_\_\_\_\_

\_\_\_\_\_

Number of tickets printed: \_\_\_\_\_ Cost per ticket: \_\_\_\_\_

Prize #	Description	Cost	Donated Yes/No
1.			
2.			
3.			
4.			
5.			

Date, Time and Place of Draw: \_\_\_\_\_

We, the undersigned, agree to conduct the Raffle according to the Lottery Bylaw #274/15 and shall report all monies received to the Lottery Licence Officer within 24 hours of the draw time.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Lottery License Officer

\_\_\_\_\_  
Date

Total Tickets Sold \_\_\_\_\_

Gross Profit \_\_\_\_\_

Cost of Expenses \_\_\_\_\_

Net Revenue \_\_\_\_\_

Prize #1 Winner \_\_\_\_\_

\_\_\_\_\_  
Signature

Prize #2 Winner \_\_\_\_\_

\_\_\_\_\_  
Signature

Prize #3 Winner \_\_\_\_\_

\_\_\_\_\_  
Signature

Prize #4 Winner \_\_\_\_\_

\_\_\_\_\_  
Signature

Prize #5 Winner \_\_\_\_\_

\_\_\_\_\_  
Signature