APPLICATION FOR RAFFLE

This form must be completed and filed with MATC’s Office of General Counsel at least sixty (60) days prior to the date indicated below for the commencement of sale of raffle tickets.

Name of Student Group or Organization seeking to hold a raffle:

___________________________________

Name of Designated Raffle Organizer (volunteer responsible for legal compliance, financial reporting, and ticket production and distribution):

___________________________________

Relationship of Designated Raffle Organizer to MATC:

________________________________

If the Designated Raffle Organizer is not a student group advisor, faculty member or member of administrative management, state such person’s qualifications to serve as Designated Raffle Organizer:

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________
Alternate Contact to Designated Raffle Organizer:

____________________________________________________________

Phone Numbers and Email Addresses of the Designated Raffle Organizer and Alternate Contact:

____________________________________________________________

Date the sale of raffle tickets will be begin:

____________________________________________________________

Prizes to be awarded and source of prizes:

____________________________________________________________

____________________________________________________________

____________________________________________________________

Cost per raffle ticket: ________________

Discount package price (if none, write “none”): ________________

Date, time and place of drawing:

____________________________________________________________

____________________________________________________________

Will the raffle coincide with another fundraising event (if yes, describe event):

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________
Proceeds will benefit: ___ MPTV  ___ MATC Foundation, Inc.

Other (describe charitable purpose):

____________________________________________________________

Acknowledgment

I accept responsibility for conducting and reporting on the above-requested raffle, which will be held for a charitable purpose consistent with MATC’s mission and vision. I understand that I am responsible for monitoring our group’s compliance with all laws of the State of Wisconsin concerning charitable raffles, and the regulations of the Department of Administration, Division of Gaming. I understand that it is my responsibility to arrange for the production of raffle tickets, to account for all raffle receipts, to maintain accurate and complete records of income and expenditures, to assure that all tickets sold are secure and are included in the vessel from which the drawing will occur, to issue refunds to ticket purchasers should the raffle be canceled, to compile and distribute a list of prize winners to those who request it, and to file a financial report within 7 days of completion of the raffle drawing. I will comply with the MATC District Code of Ethics (Policy C0700) in conducting this raffle. I certify that I do not receive any additional compensation or payment as a result of my participation as Designated Raffle Organizer.

_________________________________________
Signature

________________________________
Printed Name

______________________________
Date