

FLATHEAD COUNTY COMMISSIONERS  
800 S. Main, Kalispell, MT 59901

**NOTICE OF INTENT TO HOLD A RAFFLE**

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PRIZE DRAWING DATE & TIME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ a.m. p.m.

PLACE OF PRIZE DRAWING: \_\_\_\_\_

NUMBER OF TICKETS PRINTED: \_\_\_\_\_

TICKET PRICE: EACH \$ \_\_\_\_\_

or \$ \_\_\_\_\_ PER \_\_\_\_\_  
(NUMBER; BOOK; ETC.)

1. PRIZE AND VALUE: \_\_\_\_\_

2. PRIZE AND VALUE: \_\_\_\_\_

3. PRIZE AND VALUE: \_\_\_\_\_

4. PRIZE AND VALUE: \_\_\_\_\_

5. PRIZE AND VALUE: \_\_\_\_\_

CHARITY BENEFITED BY PROCEEDS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
Date

APPROVED BY:  
FLATHEAD COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

FILL OUT AND RETURN THIS PAGE WITHIN 30  
DAYS FROM DATE OF RAFFLE

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

\_\_\_\_\_  
Address of Organization

RAFFLE ACCOUNTING

1. Cost of raffle tickets sold: \$ \_\_\_\_\_ per ticket

2. Total number of tickets sold: \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE RAFFLE APPROVED ON  
THIS FORM WAS CONDUCTED IN THE MANNER DESCRIBED.

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE