



Raffle Ticket Reconciliation Form

DELEGATION:

DELEGATION CODE:

TICKET INFORMATION

| | | | | |
|-----------------------------------|-------|-------------|------------|---|
| # of Bundles Sold (6 tickets) | _____ | x \$ 100.00 | = \$ _____ | - |
| # of Individual Tickets sold | _____ | x \$ 20.00 | = \$ _____ | - |
| Money Due to State Office | | | \$ _____ | - |
| Total Amount Enclosed | | | ===== | |
| Number of Unsold Tickets Returned | | | ===== | |

DELEGATION CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

E-MAIL: _____

SIGNATURE: _____ DATE: _____

MAKE CHECKS PAYABLE AND MAIL TO:

SPECIAL OLYMPICS IOWA
 ATTN: 2025 RAFFLE
 PO BOX 620
 GRIMES, IA 50111

Completed ticket stubs must be returned to the Special Olympics Iowa State Office with payment no later than Tuesday, September 30, 2025 to be eligible.

All unsold tickets must be returned to the Special Olympics Iowa office within 30 days of the end of the raffle. Delegations/individuals who obtain tickets will be financially responsible for the difference in tickets not returned or accounted for.