

TODAY'S DATE: _____

NAME OF SPONSORING
DEPARTMENT: _____

NAME/CONTACT INFORMATION OF INDIVIDUAL IN CHARGE OF RAFFLE:

DATE OF RAFFLE DRAWING: _____

PRICE OF TICKET AND ESTIMATED NUMBER TO BE SOLD: _____

PRIZE(S) TO BE AWARDED: _____

For Non-Cash prizes, include value of prize(s) and describe how value was determined (attach documentation).

The following must be printed on all raffle tickets:

1. "Hofstra University (GC28-201499-07500)"
2. the location, date and time of drawing
3. consecutively printed serial number (which also needs to be printed on the stub)
4. the price of the ticket
5. a list of the prizes offered
6. the statement "Ticket holders need not be present to win"
7. the statement "Certain fees and taxes may apply to prizes"
8. each ticket stub or receipt shall state the name, address and telephone number of the ticket purchaser and the consecutively printed serial number of the ticket

Please complete:

There are no raffle prizes having a value of \$ 600 or more.

There are _____ prizes having a value of \$ 600 or more and I agree that I will ensure that each such prize winner completes the attached