SUMMARY REPORT FOR APPROVED RAFFLE and 50/50 RAFFLES

Clarion Student's Association
278 Gemmel Complex
Phone: (814) 393-2423 CSA@clarion.edu

1. GENERAL

Organization:_____ Date of Project:_____

Submitted By: _____ Phone:_____

TYPE (Circle One): **50/50** **Raffle** **Other:**_____

2. PROFITS

Generated Income: $_____

Expenses: $_____

Expenses List (i.e. printing costs, advertising costs, cost of goods sold, winner funds distributed):

_____

_____

NET PROFIT (Income - Expenses): $_____

**If you are an organization receiving funds from CSA, these funds need to be deposited immediately into your account in the CSA office, room #278, Gemmell Complex.*

3. RESULTS

Date of Drawing: _____

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

Funds Distributed:_____

Attach winning ticket stub(s) here

Winner Name:_____

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

Winner Address:_____

_____

**If the winner received over $600.00, please attach a W-9 to this form.*