



DISTRICT _____
RAFFLE TICKETS & PER CAPITA SIGN-OFF SHEET

DISTRICT DEPUTY NAME _____

Council # sign-off:
✓ Name Printed:
✓ Date Received:
✓ Approved _____ (signature)

Council # sign-off:
✓ Name Printed
✓ Date Received:
✓ Approved _____ (signature)

Council # sign-off:
✓ Name Printed
✓ Date Received:
✓ Approved _____ (signature)

Council # sign-off:
✓ Name Printed
✓ Date Received:
✓ Approved _____ (signature)

Council # sign-off:
✓ Name Printed
✓ Date Received:
✓ Approved _____ (signature)

District Deputy sign-off:
✓ Name Printed:
✓ Date Signed:
✓ Approved _____ (signature)