

RAFFLE REQUEST FORM

Note: All Raffle Request Forms must be submitted in PDF format to saaboforms@jjay.cuny.edu at least six (6) weeks prior to planned raffle event date.

Name of Organization/Department: _____

Contact Person Name: _____ Phone Number: _____

Email: _____

Raffle Event Information

Raffle Event Date/Time: _____ / _____ Raffle Event Location: _____

Event Description:

Raffle Prizes:

Provide a detailed description of raffle prizes to be given to students.

By signing below I acknowledge that I am responsible for conducting the raffle and adhering to the policy procedures outlined in the SAA raffle process.

SC Officer/CSIL/Department Designee

Title

Date