



Chartered Student Organization Raffle Request Form

Today's Date: _____, 20____

Chartered Student Organization: _____

CSO Advisor

Printed Name: _____

Email: _____

CSO Student Representative

Printed Name: _____

Email: _____

Location of Raffle: _____

Start Date: _____

Start Time: _____

End Date: _____

End Time: _____

Type of Items to be Raffled:

Office Use Only

Request Received Date: _____

Request Received Time: _____

Raffle Approved: Yes NO

Chartered Student Organization notified of approval status: Yes No Date: _____

Signature: _____
Student Activities Representative

Signature: _____
Dean of Students

Starting Ticket#: _____

Ending Ticket#: _____

Cost per ticket: _____