

HSC Parents' Association

RAFFLE

Ticket Request Form

Today's Date: _____

Name (Please Print): _____

Address: _____

Eldest Child's Name: (First) _____ (Last) _____

Form (or Grade): _____ Phone: _____

No. of Tickets _____ @ \$25.00 = \$ _____

or 5 for \$100 Total = \$ _____

Please Bill my Account Cash Cheque

Signature: _____

For Office Use Only:

Ticket No's:



2009/2010