

**HOFSTRA UNIVERSITY RAFFLE REGISTRATION FORM  
TO BE SUBMITTED TO THE OFFICE OF GENERAL COUNSEL**

TODAY'S DATE: \_\_\_\_\_

NAME OF SPONSORING  
DEPARTMENT: \_\_\_\_\_

NAME/CONTACT INFORMATION OF INDIVIDUAL IN CHARGE OF RAFFLE:  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF RAFFLE DRAWING: \_\_\_\_\_

PRICE OF TICKET AND ESTIMATED NUMBER TO BE SOLD: \_\_\_\_\_

PRIZE(S) TO BE AWARDED: \_\_\_\_\_

For Non-Cash prizes, include value of prize(s) and describe how value was determined (attach documentation)

The following must be printed on all raffle tickets:

1. "Hofstra University (GC28-201499-07500)"
2. the location, date and time of drawing
3. consecutively printed serial number (which also needs to be printed on the stub)
4. the price of the ticket
5. a list of the prizes offered
6. the statement "Ticket holders need not be present to win"
7. the statement "Certain fees and taxes may apply to prizes"
8. each ticket stub or receipt shall state the name, address and telephone number of the ticket purchaser and the consecutively printed serial number of the ticket

**By signing below, I acknowledge that I have read, understand, will abide by the raffle policy and procedures and will send a copy of this completed form to the Office of Financial Affairs.**

\_\_\_\_\_  
Signature of individual in charge

\_\_\_\_\_  
Signature of Vice President/Dean of Sponsoring Department

Approval by Office of Legal Affairs: