

**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

Please complete:

- There are no raffle prizes having a value of \$ 600 or more.
- There are _____ prizes having a value of \$ 600 or more and I agree that I will ensure that each such prize winner completes the attached IRS Form W-9. I also agree that I will forward the completed Form W-9 to the Office of Financial Affairs within one week of the drawing.
- There are no prizes having a value of \$ 5,000 or more.

By signing below, I acknowledge that I have read, understand, and am responsible for abiding by the raffle policy and procedures.

Signature of individual in charge

Signature of Vice President/Dean of Sponsoring Department

Approval by Office of Legal Affairs: