



Epilepsy Queensland Inc Raffle Request Form

Complete and return to: PO Box 1457, Coorparoo BC Qld 4151
Fax: 07 3435 5025 E: pr@epilepsyqueensland.com.au

Title: _____ First Name: _____ Surname: _____

Organisation: _____ Position: _____
(if applicable)

Address: _____

Suburb: _____ State: _____ P/code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Mobile: _____ Email: _____

Age (if under 18): _____ Do you have a link with Epilepsy? (Optional) Yes No

If yes, what is the link? _____

I wish to conduct a category **ONE** raffle up to \$2,000
(please circle one)

I wish to conduct a category **TWO** raffle up to \$10,000

Date raffle to be held: ____ / ____ / ____ Date raffle tickets will commence being sold: ____ / ____ / ____

Event and venue raffle to be held at: _____

Raffle Prize	Donated/Purchased	Cost of purchase (if being deducted from proceeds)	Retail Value
TOTAL		\$	\$

Price of Tickets (including if bundled e.g. 3 for \$5) - \$ _____

Maximum gross proceeds (based on Retail Value x 5) - \$ _____

How will winners be advertised and notified? _____

TERMS AND CONDITIONS

I have read Epilepsy Queensland's Competition/Raffle Guidelines and those of the Queensland Office of Liquor and Gaming and agree to abide by all regulations. I also agree to submit a Statement of Receipts and Payments Form to Epilepsy Queensland within 14 days of the conclusion of the raffle together with all funds raised. I understand and agree that Epilepsy Queensland is only the beneficiary of this event/activity and therefore not responsible for any expenses or financial requirements in relation to this event/activity.

Signed: _____ Name: _____

Please note: Parent's / Guardian's Name & Signature required if you are under 18

Dated: ____ / ____ / ____