**Ticket Sale Agreement for *Insert Your Department or Group Name Here***

**Department or Group Name:**

**Ticket Sale Dates:**

**Price of One Ticket:**

**Event Coordinator:**

I understand and agree that it is my intent to sell the raffle tickets issued to me for charitable purposes. I understand that, when signing for a specific amount of tickets, the tickets issued to me are my responsibility. I agree to return any unsold raffle tickets so that they can be recorded. I understand that if tickets are lost, etc., I will be responsible for payment equal to the amount of tickets lost, etc. I understand and agree that I am not to be compensated for selling raffle tickets.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Event Coordinator Signature Date