

KALISPELL PUBLIC SCHOOLS DISTRICT 5  
233 FIRST AVENUE EAST  
KALISPELL, MT 59901  
406-751-3400 EXT. 3419

KALISPELL AUTO GROUP FUNDRAISING RAFFLE  
PARTICIPATION AGREEMENT AND APPLICATION  
05/17/2023

I, \_\_\_\_\_, representing \_\_\_\_\_ School, on behalf of the \_\_\_\_\_ (team, program, club, or organization) do hereby apply to receive \_\_\_\_\_ tickets to support my group/program/club/organization's activities for the **2023-2024** year.

I understand that I, personally, **am financially responsible** for the tickets at \$10.00 each and will provide directions to each salesperson regarding the proper procedures for soliciting and recording ticket sales. **It is my responsibility to keep a record of which tickets are assigned to each student and when they are returned. Any unassigned tickets that are outstanding at the closing of the fundraiser are my financial responsibility.**

I will deposit all ticket stubs and sale proceeds with the Student Activities Bookkeeper **at least monthly** and will return all stubs, proceeds and unsold tickets to the Business Office **no later than January 19th, 2024; the closing of the fundraiser.**

I understand 80% of the proceeds will be deposited in an activities account that will be used to benefit students of the district.

\_\_\_\_\_  
Participant Signature                      Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Site Coordinator / Activities Director Approval

\_\_\_\_\_  
Printed Name of Site Coordinator / Activities Director

\_\_\_\_\_  
District Office Review and Approval                      Date

\_\_\_\_\_  
**For District Activity Office Purposes Only:**  
**TICKETS ISSUED**

**Number of Tickets Issued:** \_\_\_\_\_

**Beginning Ticket No.** \_\_\_\_\_

**Ending Ticket No.** \_\_\_\_\_

**Beginning Ticket No.** \_\_\_\_\_

**Ending Ticket No.** \_\_\_\_\_

**Issued By:** \_\_\_\_\_

**Date:** \_\_\_\_\_