



TOWN OF BEACON FALLS  
C/O First Selectman's Office Town Hall  
10 Maple Avenue  
Beacon Falls, CT 06403  
203-729-4340      www.beaconfalls-ct.org

**INSTRUCTIONS:**

1. An officer or administrator of the sponsoring organization must complete the report.
2. This report must be filed on a quarterly basis, by the last day of the months of January, April, July and October, for the preceeding quarter ended until the tuition prize has been paid. **NOTE:** In the event an organization's Special Tuition Raffle offers multiple prizes and has multiple prize winners, a separate report must be completed for each prize winner.
3. The completed report and a copy of the organization's most recent bank statement (if applicable) for the account with the prize money must be mailed to the Town of Beacon Falls at the above address.

NAME OF ORGANIZATION		PERMIT NUMBER	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)

RAFFLE DATES		TOTAL PRIZE VALUE	
COMMENCING:      /      /	TERMINATING:      /      /	\$	
NAME OF PRIZE WINNER		TELEPHONE NUMBER	
ADDRESS OF PRIZE WINNER (No. and Street)	(City or Town)	(State)	(Zip Code)

<b>DEDICATED CHECKING ACCOUNT INFORMATION</b> (account in which all tuition raffle proceeds were deposited and all expenses paid)			
NAME OF BANK OR LENDING INSTITUTION			TELEPHONE NUMBER
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
			ACCOUNT NUMBER

<b>AGGREGATE PRIZE SECURITY</b> (please choose one of the following)			
Certificate of Deposit with DCP named as payee	Money Market Account with DCP named as payee	Other, with approval of DCP	
NAME OF BANK OR LENDING INSTITUTION			TELEPHONE NUMBER
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
			ACCOUNT NUMBER

<b>STUDENT RECIPIENTS DESIGNATED</b> (one or more students may be designated)			
1. NAME OF STUDENT RECIPIENT (first, middle, last)			TELEPHONE NUMBER
ADDRESS OF STUDENT RECIPIENT (No. and Street)	(City or Town)	(State)	(Zip Code)
			DATE DESIGNATED
2. NAME OF STUDENT RECIPIENT (first, middle, last)			TELEPHONE NUMBER
ADDRESS OF STUDENT RECIPIENT (No. and Street)	(City or Town)	(State)	(Zip Code)
			DATE DESIGNATED
3. NAME OF STUDENT RECIPIENT (first, middle, last)			TELEPHONE NUMBER
ADDRESS OF STUDENT RECIPIENT (No. and Street)	(City or Town)	(State)	(Zip Code)
			DATE DESIGNATED

**PRIZE INFORMATION** (please attach a copy of the most recent bank statement addressing the activity of the prize money account)

<b>TOTAL PRIZE DEPOSITED</b>	<b>INTEREST EARNED THIS QUARTER</b>	<b>INTEREST EARNED TO DATE</b> (if applicable)
\$	\$	\$
<b>INTEREST REMITTED TO PERMITTEE THIS QUARTER</b>	<b>INTEREST REMITTED TO PERMITTEE TO DATE</b>	<b>TOTAL PRIZE AMOUNT INCLUDING INTEREST</b>
\$	\$	\$
<b>UNEXPENDED PRIZE MONEY REMITTED TO PERMITTEE</b>		<b>DATE</b>
\$		

**AUTHORIZED TUITION PAYMENTS**

<b>1. EDUCATIONAL INSTITUTION</b>	<b>TELEPHONE NUMBER</b>
ADDRESS (No. and Street) (City or Town) (State) (Zip Code)	

<b>PAYMENT AMOUNT</b>	<b>PAYMENT DATE</b>	<b>STUDENT RECIPIENT</b>
\$		

<b>2. EDUCATIONAL INSTITUTION</b>	<b>TELEPHONE NUMBER</b>
ADDRESS (No. and Street) (City or Town) (State) (Zip Code)	

<b>PAYMENT AMOUNT</b>	<b>PAYMENT DATE</b>	<b>STUDENT RECIPIENT</b>
\$		

<b>3. EDUCATIONAL INSTITUTION</b>	<b>TELEPHONE NUMBER</b>
ADDRESS (No. and Street) (City or Town) (State) (Zip Code)	

<b>PAYMENT AMOUNT</b>	<b>PAYMENT DATE</b>	<b>STUDENT RECIPIENT</b>
\$		

<b>DESCRIPTION OF OTHER ALLOWABLE EXPENSES REMITTED TO PERMITTEE</b>	<b>EXPENSE AMOUNT</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL EXPENSES</b>	\$

**PREPARER OF QUARTERLY REPORT**

<b>PRINTED NAME AND TITLE OF OFFICER OR ADMINISTRATOR</b>	<b>SIGNATURE OF OFFICER OR ADMINISTRATOR</b>	<b>DATE</b>