



Goulds Community Development Corporation
Dream House Raffle 2009

Official Entry Form

Date: _____

Name _____

Date of Birth _____/_____/_____ Entrants must be 18 years old or older to enter
(Please print legibly) (Valid photo ID may be required to receive a prize)

Address _____

City _____ State _____

Zip _____

Home Phone (_____) _____ Alt. Phone (_____) _____

Email: _____

I declare that I am at least 18 years old and have A valid photo ID.

Signature: _____

I have read and understand the Official Rules and agree to abide by them.

Signature: _____

Instructions to enter by Mail:

Enclose money order or cashiers check for \$150.00 (per ticket) made payable to:

Goulds CDC

Mail to:

Goulds CDC Dream House Raffle

P.O. Box 700031

Goulds, FL 33170

All information requested on this entry form must be completed in full for your entry to be valid. We encourage all entrants to check the website www.gouldscdcdreamhouseraffle.tripod.com for complete information..

- **FOR OFFICIAL USE ONLY** -

TICKET NUMBER ASSIGNED: _____

Go to: gouldscdcdreamhouseraffle.tripod.com for further details.