

**Register for the Wetaskiwin Health Foundation’s AHS 50/50 Staff Raffle**

**Raffle Rules**

1. Entry is open to Alberta Health Services employees that are physically located and working in the **Wetaskiwin Hospital & Care Centre, Wetaskiwin Community Health Centre and Wetaskiwin Addiction and Mental Health**, **Rimbey Hospital and Care Centre, Rimbey Mental and Public Health;** excluding the Wetaskiwin Health Foundation Staff.

2. This is a **50/50 Staff Raffle** (50% of cash goes to the winner, 50% goes to the **WHF** to support purchases of medical equipment and programs).

3. Purchase price of each entry is **$5.00 per pay day**, one entry per employee.

4. If a participant has their entry deducted off their pay cheque through payroll deduction and they request to opt out, it will be granted if the request is received, in writing, 2 weeks before the draw deadline. Reasons for opting out would include: transfers outside the above mentioned locations or if employee no longer wishes to participate.

5. Persons under the age of 18 years are not eligible to enter.

6. **One winner is drawn at the Wetaskiwin Hospital & Care Centre, 6910 - 47 Street, Wetaskiwin, Alberta, before the end of the day, every pay day.**

7. The draw is videotaped. An individual with short sleeves who is not in the draw will pull the name out of the entry bin.

8. Winner has up to one year to claim their prize of the draw date.

9. Prizes are paid by cheque.

10. All winners are notified in person or by telephone.

11. Should a prize not be picked up within one year of the draw date the **Foundation** will write the Alberta Gaming Commission asking permission to put the prize money with the other proceeds to support purchases of medical equipment & programs.

12. The Wetaskiwin Health Foundation must get AGLC approval for any amendments to the **50/50** **Staff Raffle** draw.

13. If a participant has a concern with the **50/50 Staff Raffle** they can contact the

 Executive Director at the Wetaskiwin Health Foundation office (780)312-3663.

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**Payroll Deduction Form**

 **First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **AHS ePeople Employee ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(must be 8 digits)**

 **Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home/Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Site Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize payroll deductions to deduct the amount of Five Dollars**

**($5.00) from each pay period.**

**I hereby authorize the Wetaskiwin Health Foundation to use my name and/or photo in publications used to advertise the 50/50 Staff Raffle and /or other charitable works of the Foundation.**

**I have read and fully understand the rules and format of this 50/50 Staff Raffle.**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**