



**EARLY BIRD PRIZE DEADLINE: MIDNIGHT APRIL 17**

EARLY BIRD PRIZE WINNER ANNOUNCEMENT: APRIL 30, 2026

**FINAL DEADLINE: MIDNIGHT MAY 1**

GRAND PRIZE WINNER ANNOUNCEMENT: MAY 14, 2026

**ONLINE:**

[hrfHomeLottery.com](http://hrfHomeLottery.com)

**PHONE:**

**306-347-3400 • 1-800-667-7760**

**SPRING 2026 OFFICIAL TICKET REQUEST**

**MAIL:**

Complete the Official Ticket Request and send it along with your cheque, money order, or VISA, MasterCard or American Express number.

Official ticket(s) will be emailed. Tax receipts cannot be issued. Only 62,846 Home Lottery tickets will be available.

**PURCHASER INFORMATION**

Mr.  Mrs.  Ms.  Miss  Dr.

Email \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_

City/Town \_\_\_\_\_ Province **SK** Postal code \_\_\_\_\_ - \_\_\_\_\_

Phone: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**DISCLAIMER:** Your ticket order request will only be processed if a valid email address and/or phone number have been provided.

Check to receive official ticket(s) by mail. Allow 7-14 business days for delivery. **Check to receive text alerts**  (Standard mobile rates may apply.)  
Age  18-24  25-34  35-49  50-64  65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Tickets must be purchased and mailed within Saskatchewan. Purchasers must be at least 18 years of age. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: the directors, executives and staff of Hospitals of Regina Foundation, board and executive teams of builders contracted to provide real estate prizes to this lottery and any contracted interior designers, partners and employees of MNP LLP and its affiliates. Hospitals of Regina Foundation respects your privacy. We do not rent, sell or trade our contact lists. Personal information collected will be used to fulfill ticket orders, provide information on our future lotteries, contact prize winners and publicize the names of prize winners. If you wish to be removed from our contact lists, please check here \_\_\_\_\_, or call 1-800-667-7760 or email [reginalotterycs@mnp.ca](mailto:reginalotterycs@mnp.ca). The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

**TICKET ORDER INFORMATION**

	<b>Home Lottery Tickets</b>
HOSPITALS OF REGINA FOUNDATION <b>HOME LOTTERY</b>	
<input type="checkbox"/> single ticket(s) at \$100 each. Total: \$_____	
<input type="checkbox"/> 3-pack(s)* at \$250 each. Total: \$_____	
<input type="checkbox"/> 5-pack(s)* at \$375 each. Total: \$_____	

	<b>50/50 Add-On®†</b>
<input type="checkbox"/> single(s)* at \$25 each. Total: \$_____	
<input type="checkbox"/> 15-pack(s)* at \$50 each. Total: \$_____	
<input type="checkbox"/> 25-pack(s)* at \$75 each. Total: \$_____	
<input type="checkbox"/> 50-pack(s)* at \$100 each. Total: \$_____	

	<b>Weekday Winnings™ Add-On*</b>
<input type="checkbox"/> single(s) at \$25 each. Total: \$_____	
<input type="checkbox"/> 3-pack(s)* at \$50 each. Total: \$_____	
<input type="checkbox"/> 6-pack(s)* at \$75 each. Total: \$_____	
<input type="checkbox"/> 10-pack(s)* at \$100 each. Total: \$_____	

<b>LIMITED QUANTITIES</b>	<b>\$575</b>	Includes 6 – Home Lottery tickets, 25 – 50/50 Add-On tickets and 10 – Weekday Winnings Add-On tickets TOTAL: \$_____
	<b>SUPER PACK(s)*</b>	Includes 10 – Home Lottery tickets, 25 – 50/50 Add-On tickets and 10 – Weekday Winnings Add-On tickets TOTAL: \$_____
	<b>\$875</b>	
	<b>MAX PACK(s)*</b>	

**TOTAL ORDER AMOUNT:** [Home Lottery Tickets, 50/50 Add-On tickets, Weekday Winnings Add-On tickets, Super Pack and Max Pack tickets]  
\$ \_\_\_\_\_

**METHOD OF PAYMENT** (Check only one)

Cheque  Money order  MasterCard  VISA  AMEX DEBIT (Grand Prize Showhome only)  
Make cheque or money order payable to: **Hospitals of Regina Foundation Home Lottery**.  
Please, no post-dated cheques.

Cardholder's name \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

Card number: \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Mail to:** Hospitals of Regina  
Foundation Home Lottery  
PO Box 5020, Regina SK S4P 3M3