Print Form

NH Racing and Charitable Gaming Commission

57 Regional Drive, Unit 3, Concord, NH 03301
Telephone: (603) 271-2158 Fax: (603) 271-3381

Bingo/Lucky 7 Data Verification Form

1. **Name of Organization**:_____ _____
Organization ID # (issued by Commission)

   a. Organization Telephone #_____ b. Fax #_____ c. E-Mail_____

2. Full Legal Address of Charitable Organization:_____

3. Full Mailing Address (Address to which all Official Correspondence shall be mailed):

   _____
   Street Number Street Name City State Zip

4. **Head of Organization**: _____ Date of Birth: _____

   a. Position/Title: _____

   b. Address: _____ City/Town:_____ Zip Code:_____

   c. Telephone (home):_____ (business): _____

5. **Organization Chairperson**: _____ Date of Birth: _____

   a. Position/Title: _____

   b. Address: _____ City/Town: _____ Zip Code: _____

   c. Telephone (home):_____ (business): _____

6. **Organization Treasurer**: _____ Date of Birth:_____

   a. Address: _____ City/Town: _____ Zip Code: _____

   b. Telephone (home): _____ (business): _____

7. Address where Bingo and/or the sale of Lucky 7 tickets is conducted: _____

8. Day(s) of the week that **Bingo** is normally operated: _____ Playing Time: _____

9. **Name of Hall Manager** (if applicable): _____

   a. Address: _____ City/ Town: _____ Zip Code: _____

   b. Telephone (home): _____ (business): _____

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I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this form is true, accurate and complete.

Signature of Authorized Official:_____Title:_____Date:_____

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Please notify this Commission in writing should there be any changes in the above information.
A blank Data Verification Form can be downloaded at www.racing.nh.gov/bingo

Revised 7/11/08