



BINGO/LUCKY 7 OPERATIONS PARTICIPANT LIST

Effective Date _____

NAME OF CHARITABLE ORGANIZATION:			GAME TYPE: <i>(check all that apply)</i> <input type="checkbox"/> Bingo <input type="checkbox"/> Lucky 7
PARTICIPANTS			
The following is a complete listing of <u>ALL</u> the officers, followed by any members or employees (including gaming consultants) of the organization that participate in the operation of Bingo games and/or sale of Lucky 7 Tickets			
Name	Title <i>(Commander, Member, Employee/Bartender, Gaming Consultant, etc.)</i>	Contact Information	Description of what individual does relative to the operation/sales <i>(sells papers/tickets, pays out prizes, stocks/inventories supplies, completes sales documents/reports, files paperwork with NHLC, etc.)</i>
		Address: Phone #: Email:	



**BINGO/LUCKY 7 OPERATIONS
PARTICIPANT LIST - CONTINUED**

Effective Date _____

NAME OF CHARITABLE ORGANIZATION:			
Name	Title	Contact Information	Description of Involvement in Operation
		Address: Phone #: Email:	



**BINGO/LUCKY 7 OPERATIONS
PARTICIPANT LIST - CONTINUED**

Effective Date _____

NAME OF CHARITABLE ORGANIZATION:			
Name	Title	Contact Information	Description of Involvement in Operation
		Address: Phone #: Email:	

I certify that none of the individuals listed above have been convicted of a felony or class A misdemeanor within the previous 10 years, or a class B misdemeanor within the past 5 years, which has not been annulled by a court. I further certify that the information provided on this document is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

_____	_____	_____
<i>Signature of Authorized Official*</i>	<i>Title of Authorized Official</i>	<i>Date</i>
_____	_____	_____
<i>Printed Name of Authorized Official</i>	<i>Phone Number</i>	<i>E-mail Address</i>

**Proof of authority to submit this application on behalf of the charitable organization may be required.*