CHARITABLE CLASS II GAMING REQUEST

The Ho-Chunk Nation is a sovereign government with significant responsibility for regulating gaming in the facilities. This self-regulating responsibility is required under the Federal Indian Gaming Regulatory Act (IGRA) requirements, the Ho-Chunk Nation Amended and Restated Gaming Ordinance, and the Ho-Chunk Nation/State of Wisconsin Gaming Compact. Regulatory oversight is carried out by the Ho-Chunk Nation Gaming Commission as designated in the Nation's Gaming Ordinance. The Ordinance, as well as the IGRA defines Class II gaming as BINGO.

The Ho-Chunk Nation Gaming Ordinance and the IGRA require the Nation to set guidelines for the operation of Class II games. Based on this, if your organization wishes to conduct charitable fundraising bingo on the Nation's Lands, you must complete the following written request.

Please Type or Print <u>Clearly</u>.

1. First Request	Add	ditional Request		
2. Organization Type (Che Submit copy of IRS letter of		ation, 501 (c) 3		
Organization to which con	ntributions are	tax deductible.		
☐ Charitable ☐	Fraternal	Religious	☐ Service	☐ Veterans
Other (Explain)				
3. Organization Name				
4. Organization Address				
	Physical and	d Mailing Address (if di	fferent)	
	City / State	Zip Code / County		
5. If organization HAS constitution or charter			ed approval, subr	mit articles, bylaws,
Organized in Wiscons	in as a religiou	s or nonprofit organizat	ion. Date:	
☐ Incorporated in Wisco	nsin as a nonp	rofit corporation.	Date:	
Other (specify)				
6. a. How many member	s belong to y	our organization?		
b. How many member		<u> </u>	he Ho-Chunk Natio	on?

Page 1 of 3 Revised 4-21-10

7. Officers of Organization

If the space allowed is insufficient please photocopy this page or attach a separate sheet with the
additional names, titles, addresses and telephone numbers.

Name	Title of Officer	Address	Telephone Number
8. Purpose and Major Activ	ities of Organization	ı .	

9.	Class II	Gaming	(Bingo)	Occasion

Please photocopy this page or attach a separate sheet if the space allowed is insufficient.

a. Name and location where your organization wants to hold the gaming fundraiser.			
☐ HC Gaming – Madison	☐ HC Gaming – Wis. Dells	☐ HC Gaming – Black River Falls	
4002 Evan Acres Road	S3214 Hwy 12	W9010 Hwy 54 East	
Madison, WI 53713	Baraboo, WI 53913	Black River Falls, WI 54615	

Name and Address

b. If property is not owned by the Nation, please list owner and the address of the owner.

Name and Address

Other (specify)

c. List the date, starting time and ending time of your gaming fundraiser(s).

Date:	Starting Time:	□AM □PM	Ending Time:	□АМ □РМ
Date:	Starting Time:	□AM □PM	Ending Time:	□АМ □РМ
Date:	Starting Time:	□AM □PM	Ending Time:	□АМ □РМ

10. Supervising Members of Organization.

Name:	Address (Street/Cit	Address (Street/City/State/Zip):	
Business Telephone: ()	1	Home Telephone: ()	
Name:	Address (Street/Cit	y/State/Zip):	DOB
Business Telephone: ()		Home Telephone: ()	
Name:	Address (Street/Cit	y/State/Zip):	DOB
Business Telephone: ()		Home Telephone: ()	
Name:	Address (Street/Cit	zy/State/Zip):	DOB
Business Telephone: ()		Home Telephone: ()	

I HEREBY SWEAR OR AFFIRM that I am an active member in good standing of the named organization. I have never been convicted of a felony, or if convicted, have received a pardon or have been released from parole or probation for at least five (5) years. I have been designated as a supervising member of the requested bingo event(s) for the organization, and as such, will be present and responsible for compliance with the applicable portions of the *Ho-Chunk Nation Amended and Restated Gaming Ordinance*, the *Legislative Procedures for the Conduct of Class II Gaming on the Nation's Lands by Entities Other Than the Ho-Chunk Nation*, and any further rules establish by the Ho-Chunk Nation Legislature or the Ho-Chunk Nation Gaming Commission. By my signature below, I release the Ho-Chunk Nation from liability arising from the conduct of the requested bingo event(s).

Supervising Member's Signature	Date
11. Authorized agent/designee who has prepa	ared this request.
Name:	Business Telephone:
	()
Address:	Home Telephone:
City/State/Zip:	()
 Lands by Entities Other Than the Ho-C Legislature; The supervising member(s) listed above will for the conduct of Class II games at each Cla The information provided on this request is signature below, I release the Ho-Chunk requested Class II event(s). 	s true to the best of my knowledge and belief. By my Nation from liability arising from the conduct of the
I AGREE to complete and submit the <i>Charita</i> Nation Gaming Commission office within 10 day	ble Class II Gaming Summary Form to the Ho-Chunles of the aforementioned event(s).
I ALSO AGREE to get the consent of the Gam date of the aforementioned event(s).	ing Hall General Manager for the use of the hall for the
Signature of Designated Responsible Member	

** MINORS

In accordance with the *Ho-Chunk Nation Gaming Ordinance*, Sec. 9 b (1)

No person under the age of eighteen (18) will be permitted to participate in any non-charitable Class II gaming as a player or contractor, provided, that all persons may participate in charitable Class II gaming approved by the Gaming Commission, and any person may be employed by any Class II Gaming Operation, if at least 16 years of age.