

CLASS II CHARITABLE GAMING EVENT SUMMARY FORM

Please complete the following information and submit the completed form to the Ho-Chunk Nation Gaming Commission office within 10 days of the charitable event.

1.	Name of Organization:		
	Name and Title of Officer or Designee	2:	
		s:	
	Telephone	e: Organization ()	
	Telephone	Individual ()	
2.	2. Type of Class II charitable games conducted (specify):		
3.	3. Gaming Facility Hosting Event:		
	Date of Event:		
5.	Starting Time:	Ending Time:	
6.	Number of Volunteers:	or Employees:	
7.	Number of Player:		
8.	Gross Revenue:		
	Bingo Sales: (+)		
	Other Sales: (+)		
	Bingo Prize Payout: (-)		
	Other Payouts: (–)		
	Net Revenue: (=) _		
9.	Submitted by:	Date:	