## All Star Gaming Centre Association - Charity Contact Information Form

Organization Information					
Organization Name					
Office Phone	Office Email				
Mailing Address					
City	Postal Code				
Website	Facebook Page Nar	ne			
Principal Contact Information					
First Name	Last Name				
Title/Position	Cellphone (preferre	d)			
Daytime Phone	Evening Phone				
Email Address					
Mailing Address					
City	Postal Code				
Secondary Contact Information					
First Name	Last Name				
Title/Position	Cellphone (preferre	d)			
Daytime Phone	Evening Phone				
Email Address					
Alternate Contact Information					
First Name	Last Name				
Title/Position	Cellphone (preferre	d)			
Daytime Phone	Evening Phone				
Email Address					

Alternate Contact Information				
First Name		Last Name		
Title/Position		Cellphone (preferred)		
Daytime Phone		Evening Phone		
Email Address				

Additional Emails (All emails reagrding your organization will be sent to the email addresses listed on this form)				
Name		Email Address		
Name		Email Address		
Name		Email Address		
Name		Email Address		
Name		Email Address		

This information must be submitted and kept accurate to ensure compliance with BCCA and OCGA Policies and Standards