

Paradise Charitable Gaming Association - Charity Contact Information Form

Organization Information			
Organization Name			
Office Phone		Office Email	
Mailing Address			
City		Postal Code	
Website		Facebook Page Name	

Principal Contact Information			
First Name		Last Name	
Title/Position		Cellphone (preferred)	
Daytime Phone		Evening Phone	
Email Address			
Mailing Address			
City		Postal Code	

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

Alternate Contact Information			
First Name		Last Name	
Title/Position		Cellphone (preferred)	
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 regarding 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