

INDIVIDUAL ACTIVITY NOTIFICATION FOR BINGO

DETAILS OF MINOR GAMING PERMIT HOLDER

Minor Gaming Permit Holder Name

Minor Gaming Permit NumberDaytime Phone Number.....

DETAILS OF BINGO

Full address of venue: _____ _____ _____	On what dates will bingo be conducted: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____
How many sessions will be held at this venue? _____	
On what day(s) and time will bingo be conducted? morning of: _____ Time _____ afternoon of: _____ Time _____ evening of: _____ Time _____	

I have read and understood the conditions that apply to the conduct of bingo. I certify that, to the best of my knowledge, the details provided in this notification are true and correct. I accept total responsibility for the proper conduct of bingo sessions.

Signature of responsible person Date.....

Hobart

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