

INDIVIDUAL ACTIVITY NOTIFICATION FOR A CALCUTTA SWEEPSTAKE

DETAILS OF MINOR GAMING PERMIT HOLDER

Minor Gaming Permit Holder Name

Minor Gaming Permit NumberDaytime Phone Number.....

DETAILS OF THE CALCUTTA

On what sporting event is it to be based ? _____

Date of the Event ____ / ____ / ____

Name and full address of venue where calcutta is to be conducted _____

On what date will it be drawn ?

On what date(s) will tickets be sold ? ____ / ____ / ____

What is the entry fee ? _____

What percentage of proceeds will the Organisation retain ?

What purpose will the proceeds be used for ?

DETAILS OF THE ORGANISATION THAT WILL BENEFIT FROM THE CALCUTTA

Name _____ ABN No: _____

Name, address and telephone number of the Secretary (of the benefitting organisation)

Phone _____

I have read and understood the conditions that apply to the conduct of a calcutta sweepstake. 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 the calcutta.

Signature of responsible person Date.....

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