

INDIVIDUAL ACTIVITY NOTIFICATION FOR A CALCUTTA SWEEPSTAKE

DETAILS OF MINOR GAMING PERMIT HOLDER

Minor Gaming Permit Holder Name

Minor Gaming Permit Number Daytime 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.....

Name of responsible person

LIQUOR AND GAMING CONTACT DETAILS

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November 2017
Trim Ref: 09/66166