

INDIVIDUAL ACTIVITY NOTIFICATION FOR DANCING DOLLARS

DETAILS OF MINOR GAMING PERMIT HOLDER

Minor Gaming Permit Holder Name

Minor Gaming Permit Number Daytime Phone Number.....

DETAILS OF DANCING DOLLARS

Full address of venue:	On what date/time will dancing dollars be conducted:
_____	1 _____ Time_____
_____	2 _____ Time_____
_____	3 _____ Time_____
_____	4 _____ Time_____
_____	5 _____ Time_____
_____	6 _____ Time_____
_____	7 _____ Time_____
How many sessions will be held at this venue?	8 _____ Time_____
_____	9 _____ Time_____
_____	10 _____ Time_____
_____	11 _____ Time_____
Name of organisation (s) that will retain the proceeds	12 _____ Time_____
1. _____	
2. _____	
3. _____	

I have read and understood the conditions that apply to the conduct of Dancing Dollars. 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 Dancing Dollars sessions.

Signature of responsible person Date.....

Name of responsible person

LIQUOR AND GAMING CONTACT DETAILS

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