

INDIVIDUAL ACTIVITY NOTIFICATION FOR INSTANT DRAW BINGO

DETAILS OF MINOR GAMING PERMIT HOLDER

Minor Gaming Permit Holder Name

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

INSTANT DRAW BINGO GAMES TO BE CONDUCTED INCLUDE:

Please

'Get Six and Win'

'Mini Get Six and Win'

'Get Nine and Win'

DETAILS OF INSTANT DRAW BINGO

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

I have read and understood the conditions that apply to the conduct of Instant Draw 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 Instant Draw Bingo at bingo sessions.

Signature of responsible person Date.....

Name of responsible person

LIQUOR AND GAMING CONTACT DETAILS

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