

**LICENSEE INFORMATION**

AGLC ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Org Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Submission of this worksheet must be accompanied with a completed Request to Amend use of Gaming Proceeds form 5506**

**EVENT INFORMATION**

Date of Event: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Full Address of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

**Method of Advertising**

(copy of ad in English required): \_\_\_\_\_

Event Partners: \_\_\_\_\_

**BUDGET**
**All events must be managed on a cost recovery basis (CGPH 1.1)**

<u>Anticipated Revenue</u>		<u>Anticipated Expenses</u>	
Ticket Sales		Venue	\$ _____
Price per ticket: \$ _____		Advertising	\$ _____
Number of tickets: _____		Printing	\$ _____
Sponsorships	\$ _____	Equipment	\$ _____
Grants	\$ _____	Food and Beverage	\$ _____
Advertising	\$ _____	<b>Request to Use Gaming Profits to Pay Wages/Salaries (5442) required:</b>	
Event Program	\$ _____	Speakers/presenters: _____	\$ _____
Food and Beverage	\$ _____	Performers: _____	\$ _____
Other (details required):		Other (details required): _____	\$ _____
_____ \$ _____		Other (details required): _____	\$ _____
_____ \$ _____		_____ \$ _____	
_____ \$ _____			
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

<b>TOTAL GAMING PROCEEDS REQUESTED: \$ _____</b>
--