



Office of Charitable Gaming Presentation Request

Today's Date: _____

Requester Information -

Name: _____

Street Address: _____

City, State, Zip Code: _____

Contact Phone: _____ Email Address: _____

Arrangements Requested -

Date and Time of Presentation: _____

Location of Presentation: _____

Street Address: _____

Number and Names of Participating Organizations: _____

Presentation Content -

Indicate area of interest:

Raffle Bingo Raffle & Bingo Other

Please indicate any specific information you would like or other requests for the presentation:
