



Chairman
Daniel D. Hogan

**STATE OF NEW YORK
RACING AND WAGERING BOARD**

Executive Director
John G. Cansdale

Members
Michael J. Hoblock, Jr.
John B. Simoni

Secretary to the Board
Gail Pronti

To: ALL NON-PROFIT ORGANIZATIONS WHO ARE INTERESTED IN OBTAINING OR
UPDATING A GAMES OF CHANCE AND/OR BINGO IDENTIFICATION NUMBER

Organizations that wish to conduct Bell Jars, Raffles, Las Vegas Nights and/or Bingo must register with this office to secure an identification number (I.D.) prior to the issuance of a license by the municipal clerk. **PLEASE NOTE THAT YOUR EVENT SHOULD NOT BE SCHEDULED UNTIL YOU RECEIVED APPROVAL FROM THE NYS RACING AND WAGERING BOARD.**

NOTE: PLEASE REVIEW THE ENCLOSED GUIDELINES FOR RUNNING RAFFLES PRIOR TO APPLYING FOR A RAFFLE IDENTIFICATION NUMBER.

THERE IS NO CHARGE FOR THE REGISTRATION PROCESS.

To register your organization:

Step One – Complete the 1A form attached (Application for Registration and Identification Number) marking the appropriate box for “new” and the programs(s) to be conducted.

Step Two – **MAIL** the completed original and one photocopy of the application, along with one set of the required supporting documents (see 1A form for a description of the supporting documents required) to the attention of the Charitable Gaming Unit at the address listed below. Please retain one copy for your records.

PLEASE NOTE: IF ANY ONE OF THE REQUIRED DOCUMENTS IS OMITTED FROM THE PACKAGE, IT WILL DELAY PROCESSING.

If the organization intends to utilize members of an auxiliary or affiliated organization to assist in the conduct of licensed games of chance and/or bingo, the auxiliary or affiliate must obtain its own I.D. number.

If the organization is requesting to **UPDATE** its identification number, please check the update box on the top, fill out the form and mail the original plus one copy to the address below. The required supporting documents do not need to be included when updating an ID#. Please indicate the organization’s ID# on the application if known.

The organization and municipal clerk will be notified in writing once a decision has been reached.

All applicable forms, rules and regulations pertaining to the conduct of charitable gaming are available on the Board’s website at www.racing.state.ny.us.

If you should require further assistance, or are in need of additional applications for an auxiliary or affiliated organization, feel free to contact the Charitable Gaming unit at (518) 395-5400 ext. 1305.

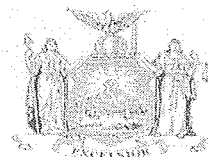
Revised: 6/23/06

1 Broadway Center, Suite 600, Schenectady, NY 12305-2553
Telephone (518) 395-5400 FAX: (518) 347-1469
<http://www.racing.state.ny.us>

1A

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Scheneectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

APPLICATION FOR REGISTRATION AND IDENTIFICATION NUMBER



Check the type of program(s) you are applying for: Bell Jars Casino Night Raffles Bingo

Check appropriate box: New Update Assisting Only

Date of Application: / /

1. Name of applicant organization

2. Physical street address of organization (cannot be a PO Box):

Street Address _____ City _____ Zip _____

3. Mailing Address if different than above (may be a PO Box):

Street Address/PO Box _____ City _____ State _____ Zip _____

4. Municipality where the organization is physically located or where the organization meets:

CITY / TOWN / VILLAGE of _____
(PLEASE CIRCLE ONE) Name of Municipality

County in which the organization is located: _____

5. Date the applicant organization was formally organized: / /

Note: an organization must be in existence for a minimum of three years prior to applying for games of chance and one year for bingo

6. Has a games of chance identification number ever been issued to the applicant organization? Yes No

If yes, list the ID#: - - -

7. Has a bingo identification number ever been issued to the applicant organization? Yes No

If yes, list the ID#: - - -

8. State the type of the organization (religious, educational, veterans, etc.): _____

9. Has the applicant ever been known by another name? Yes No If yes, state name and address:

Name _____ Street Address _____ City _____ State _____ Zip _____

10. Is the organization incorporated? Yes No

11. Does the applicant have a governing body (i.e. Board of Directors)? Yes No

If yes, how many members are there in that governing body? _____

12. State current number of bona-fide members of the applicant excluding the governing body: _____

NOTE: A person must be a bona-fide member of the organization for a minimum of one year in order to be involved in the conduct of licensed games of chance.

13. Please give time and address of regular membership meetings:

Time

Address



14. Does the applicant organization own or lease its premise? (circle one) OWN / LEASE
15. Will the applicant organization conduct games of chance Yes No and/or bingo Yes No on its own premises? Yes No If not, list the name and address of the premises to be used:

Name _____ Street Address _____ City _____ State _____ Zip _____

NOTE: An organization is limited to the location where games of chance/bingo can be conducted. Please review the games of chance/bingo rules and regulations regarding authorized locations available on our website at www.racing.state.ny.us

16. Please list the name of the licensed games of chance/bingo supplier where the organization intends to purchase/lease its equipment from:
- _____
- _____

NOTE: This does not include raffle tickets.

ATTACH ONE COPY OF EACH OF THE FOLLOWING:

- 1 - If incorporated: provide a copy of the articles of incorporation and by-laws;
If not incorporated: provide a copy of the constitution and by-laws;
- 2 - If the organization has a charter, please include a copy;
- 3 - Please provide a list of the names and addresses of the members of the governing body including titles.

I swear (or affirm) that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Head of the Organization Signature

Head of the Organization Home Mailing Address

Head of the Organization Print

Head of the Organization Home Phone Number

STATE OF NEW YORK
COUNTY OF _____
CITY/TOWN/VILLAGE OF _____
} SS

_____ being duly sworn deposes and says that (s)he is the person above named, that (s)he has read the foregoing statement and the answer therein noted, and that such answers are true and that (s)he has personally affixed his (her) signature to this affidavit.

Sworn to before me this _____ day of _____, 20____ Signed _____

Notary Public

Commissioner of Deeds

My Commission expires _____, 20____



GC-2

NYS RACING & WAGERING BOARD
1 Broadway Center, Suite 600
Schenectady, NY 12305-2553
Telephone (518) 395-5400 Fax (518) 347-1469
www.racing.state.ny.us

APPLICATION FOR:

PLEASE CHECK

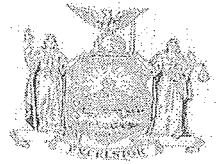
GAMES OF CHANCE

(Casino Nights, Bazaars, Carnivals)

BELL JAR

RAFFLE

(only raffles w/ over \$30,000 net profits in calendar year)



FOR OFFICE USE ONLY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
	Municipal License Number							Fees Received			Date				

INSTRUCTIONS: PLEASE FILE THREE SIGNED COPIES WITH MUNICIPALITY

GC - - - -

N.Y.S. Identification Number

IT IS A MISDEMEANOR TO MAKE ANY FALSE STATEMENTS IN THIS APPLICATION

Name of Municipality _____ County _____

PART A. GENERAL

1. Name of Organization

2. Address

3. Has applicant ever been denied a games of chance license? Yes No If "yes", why? (Attach extra sheet if necessary)

4. Check type of organization and, if applicable, give the State and date of incorporation.

Corporation

Incorporated Association State incorporated _____ Date / /

Unincorporated Association

Individual State incorporated _____ Date / /

5. Did your corporate status change since your identification number was assigned? Yes No

6. Are you doing business under a trade name? Yes No If "yes", what is the trade name? _____

PART B. LOCATION OF GAMES

7. Address where games, bell jar, or raffle drawing(s) are to be conducted. _____

8. Name and address of authorized games of chance lessor renting to applicant. _____

9. Does the applicant own the premises? Yes No If "yes", how long? _____

10. Capacity for public assembly of premises presently owned or occupied. _____

11. Have premises been regularly used? Yes No If "yes", how long? _____
Are games of chance being played now on these premises or has it ever been? Yes No If "yes", give full details.

12. Are the premises or any part thereof where games of chance are to be played licensed by the State Liquor Authority? Yes No If "yes", state the type of license and number. _____

13. Has such license ever been revoked or suspended? Yes No If "yes", why? (Explain on a separate sheet, if necessary, and attach.) _____



GC-2A

APPLICATION FOR GAMES OF CHANCE LICENSE

NYS RACING & WAGERING BOARD
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www.racing.state.ny.us



Form with grid for Name of Organization, GC- identification number, and Date.

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.

If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

Table with columns: TITLE, NAME, DATE OF BIRTH, STREET ADDRESS, CITY, ZIP

Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(MUST LIST AT LEAST FOUR MEMBERS OF APPLICANT ORGANIZATION)

Table with columns: NAME, DATE OF BIRTH, YEARS OF MEMBERSHIP, STREET ADDRESS, CITY, ZIP

SCHEDULE 3: AUXILIARY/AFFILIATE ORGANIZATIONS ASSISTING AT GAMES

(MAXIMUM OF 2 AUXILIARIES/AFFILIATES. EACH AUXILIARY/AFFILIATE LISTED MUST HAVE ITS OWN ID NUMBER.)

NAME OF AUXILIARY/AFFILIATE GAMES OF CHANCE ID NUMBER

Blank lines for auxiliary/affiliate information.



SCHEDULE 4: ASSISTANTS TO MEMBERS IN CHARGE OF GAMES

List all members of applicant organization and members of authorized affiliates and auxiliary who will assist with games. Each person listed must be a member of applicant organization or affiliate for at least 1 year.

YEARS OF

MEMBER NAME	DATE OF BIRTH	MEMBERSHIP	STREET ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.



SCHEDULE 7

TYPES OF GAMES

List all of the single types of games to be conducted at all license periods enumerated in Schedule 5.

Note for Vegas Nights and Bazaars only: The total amount of prizes during any one license period shall not aggregate more than \$400 for each single type of game of chance when five types of games of chance are to be conducted during any one license period. The total amount of prizes during any one license period shall not aggregate more than \$500 for each single type of games of chance when less than five single types of games of chance are to be conducted during any one license period.

LIST NAME OF EACH TYPE OF GAME OF CHANCE (Limit: 5 Games)	at	LIST THE MAXIMUM AMOUNT OF PRIZES TO BE AWARDED FOR EACH TYPE OF GAME OF CHANCE (GAME BANK)
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____
_____	at	\$ _____

For Merchandise Wheels, Bell Jars and Raffles, please complete the appropriate spaces below.

MERCHANDISE WHEELS:

INDICATE NUMBER OF
MERCHANDISE WHEELS
(NO LIMIT)

THE TOTAL AMOUNT OF PRIZES FOR
EACH MERCHANDISE WHEEL SHALL
NOT EXCEED \$10,000 AND NO SINGLE
PRIZE SHALL EXCEED \$250

BELL JAR:

INDICATE IF THIS APPLICATION
IS FOR A BELL JAR
LICENSE

YES NO

THE TOTAL AMOUNT OF PAYOUTS
FOR EACH BELL JAR DEAL SHALL NOT
EXCEED \$3,000 AND NO SINGLE PRIZE
SHALL EXCEED \$500

RAFFLES:

INDICATE IF THIS APPLICATION
IS FOR A RAFFLE
LICENSE

YES NO

IF YES, LIST RAFFLE DATES, TIME(S)
OF DRAWING(S) AND PRIZES IN
SCHEDULE 5

THE TOTAL AMOUNT OF PRIZES FOR
ALL THE RAFFLES CONDUCTED DUR-
ING THIS CALENDAR YEAR SHALL
NOT EXCEED \$100,000. NO SINGLE
PRIZE SHALL EXCEED \$50,000
EXCEPT THAT A SINGLE PRIZE OF
\$100,000 MAY BE AWARDED IF SO
INDICATED IN SCHEDULE 5

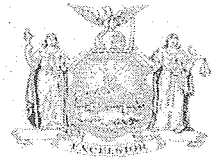


GC-7

NYS RACING & WAGERING BOARD
 1 Broadway Center, Suite 600
 Schenectady, NY 12305-2553
 Telephone (518) 395-5400 Fax (518) 347-1469
 www.racing.state.ny.us

**FINANCIAL STATEMENT
 OF GAMES OF CHANCE
 OPERATIONS**

(Please Print or Type)



INSTRUCTIONS: Prepare report in triplicate. Within 7 days after each license period, send original to clerk of municipality, send one copy to N.Y.S. Racing & Wagering Board, Bureau of Bell Jar & Charitable Gaming Compliance, 1 Watervliet Ave. Ext., Suite 2, Albany, NY 12206-1668, and retain one copy for your files. Where applicable, one copy shall also be submitted to the Chief Fiscal Officer of the County.

GC-	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
N.Y.S. Identification Number			License Number		
<input style="width:100%; height:20px;" type="text"/> Name of Organization					
Street Address		Municipality		Zip	County
Address Where Games are Conducted, if Different:					
Street Address		Municipality		Zip	County
<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>		<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
Number of Players		Number of Types of Games		Date of License Period	Hours of License Period
<input style="width:100%; height:20px;" type="text"/>		<input style="width:100%; height:20px;" type="text"/>		<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>

A. RECEIPTS -

1. Admissions (if fee is charged).....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
2. Profit or Loss from games other than Merchandise Wheels.....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
3. Profit or Loss from Merchandise Wheels..... (Form GC-7B must be completed and attached)	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
4. Total Receipts (Add Items 1, 2 and 3).....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>

B. EXPENDITURES - (Show only payments actually made)

Describe Expenditure	Payee	Check No.	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>
1. Rent _____	_____	_____	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>
2. License Fee _____	_____	_____	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>
3. Games of Chance Equipment and Supplies _____	_____	_____	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>
4. Services _____	_____	_____	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>
5. Other Expenses _____	_____	_____	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>
6. Total Expenditures.....			\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>

C. NET PROFIT OR (LOSS)

1. Profit or (Loss) Before Additional License Fee (Item A4 less Item B6).....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
2. Additional License Fee (LIST CHECK NUMBER _____)	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
3. Net Profit or (Loss) (Item 1 less Item 2).....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>

D. GAME BANK FUND Payee Check No. Amount

(Memo Entry Only) _____

E. DISPOSITION OF AND ACCOUNTING FOR NET PROCEEDS -

1. If this is organization's first license period, give opening balance, if any, in the Special Games of Chance Account.....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
Source of opening balance _____	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
2. Unexpended balance of net proceeds shown on last report.....	\$	<input style="width:100%; height:20px;" type="text"/>	.	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>



- 3. Net profit or (Loss) from this license period (Part C, Item 3)..... \$
 - 4. Interest earned on net proceeds on deposit in interest bearing account(s)..... \$
 - 5. Other deposits into or adjustments in Special Games of Chance Account..... \$
- Explanation _____

6. Total net proceeds (add Items 1 through 5)..... \$

Disbursements of net proceeds since last report: (Attach additional sheets if necessary)

Date	Check No.	Description of Disbursements	Name & Address of Payee	Amount

7. Total Disbursements..... \$

8. Unexpended balance of net proceeds (Item 6 less Item 7)..... \$

(Include interest bearing accounts)

F. Reconciliation of Unexpended Balance (To be Completed Monthly - - Upon receipt of Monthly Bank Statement)

	<u>Depository</u>	<u>Name of Bank</u>	<u>Account No.</u>	<u>Reconciled Balance</u>
1) Checking				
2) Savings				
3) Other				
Total (Must be the same as Line E8 - Unexpended Balance).....				\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Instructions: This section must be fully completed by all parties.

I swear, or affirm that the information and statements contained herein have been examined by me and to the best of my knowledge and belief are true, correct and complete.

Head of Organization:

<input type="text"/> First Name	<input type="text"/> Last Name
Street Address	City
Zip	County
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Signature
Phone Number	Date

Member in Charge:

<input type="text"/> First Name	<input type="text"/> Last Name
Street Address	City
Zip	County
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Signature
Phone Number	Date

Preparer (if different):

<input type="text"/> First Name	<input type="text"/> Last Name
Street Address	City
Zip	County
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Signature
Phone Number	Date

GC-7B

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 www.racing.state.ny.us

**CASH CONTROL REPORT
 GAMES OF CHANCE**

Organization: _____ I.D. No.: _____ - _____ - _____ Date of License Period: / /

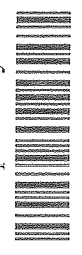
Type of Game No. 1		Type of Game No. 2		Type of Game No. 3		Type of Game No. 4		Type of Game No. 5	
Starting Bank	Ending Bank	Starting Bank	Ending Bank	Starting Bank	Ending Bank	Starting Bank	Ending Bank	Starting Bank	Ending Bank
Profit or (Loss)	(A)	Profit or (Loss)	(B)	Profit or (Loss)	(C)	Profit or (Loss)	(D)	Profit or (Loss)	(E)
ENTER PROFIT OR (LOSS) FOR EACH TYPE OF GAME ON CORRESPONDING LINE OF CONTROL SUMMARY									
WORKERS	WORKERS	WORKERS	WORKERS	WORKERS	WORKERS	WORKERS	WORKERS	WORKERS	WORKERS

CONTROL SUMMARY
 PROFIT OR (LOSS)

(A) - Game No. 1 _____
 (B) - Game No. 2 _____
 (C) - Game No. 3 _____
 (D) - Game No. 4 _____
 (E) - Game No. 5 _____

Net Profit or (Loss) _____
 (Enter on Line A-2 of GC-7)

Prepared By _____



MERCHANDISE WHEELS

		<u>Merchandise Wheel No. 5</u>		<u>Merchandise Wheel No. 9</u>		<u>CONTROL SUMMARY</u>
<u>Merchandise Wheel No. 1</u>	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Less: Value of Mdse. Awarded _____	PROFIT OR (LOSS)
	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Profit or (Loss) _____	(A) - Mdse. Wheel No. 1
	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	(B) - Mdse. Wheel No. 2
						(C) - Mdse. Wheel No. 3
<u>Merchandise Wheel No. 2</u>	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Less: Value of Mdse. Awarded _____	(D) - Mdse. Wheel No. 4
	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Profit or (Loss) _____	(E) - Mdse. Wheel No. 5
	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	(F) - Mdse. Wheel No. 6
						(G) - Mdse. Wheel No. 7
<u>Merchandise Wheel No. 3</u>	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Less: Value of Mdse. Awarded _____	(H) - Mdse. Wheel No. 8
	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Profit or (Loss) _____	(I) - Mdse. Wheel No. 9
	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	(J) - Mdse. Wheel No. 10
						(K) - Mdse. Wheel No. 11
<u>Merchandise Wheel No. 4</u>	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Receipts (Less change bank) _____	Less: Value of Mdse. Awarded _____	(L) - Mdse. Wheel No. 12
	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Less: Value of Mdse. Awarded _____	Profit or (Loss) _____	Net Profit or (Loss) _____
	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	Profit or (Loss) _____	(Enter on Line A-3 of GC-7)

ENTER PROFIT OR (LOSS) FOR EACH TYPE OF GAME ON CORRESPONDING LINE OF CONTROL SUMMARY

