BINGO SUPLEMENTAL FORM

□D□ □WUW
WDIRU□
Email: DGDOODGW
Web site: www.WDIIRUFWRU□

INSTRUCTIONS:

1. **Print or type, and attach all required material.**
2. **The completed form must be mailed to Office of First Selectman, 1 Main st. Stafford, CT 06076**

TO: DEPARTMENT OF CONSUMER PROTECTION	IDENTIFICATION NUMBER

MEMBER IN CHARGE

Name (please print): _____

Home telephone number: ( ) _____

Work telephone number: ( ) _____

I, the undersigned Member In Charge of the subject organization, do hereby state that I have read the Connecticut General Statutes governing Bingo and the Administrative Regulations, Operation Of Bingo Games, and that I will be responsible for the holding, operation and conduct of all Bingo sessions in accordance with the terms of the permit, and the provisions of the Bingo law and the administrative regulations governing Bingo.

_____ _____

SIGNED ***(Member In Charge)*** **DATE** ***(Mo., Day, Yr.)***

BINGO SESSION

Provide the time the doors open to the public: _____

Provide the time the sale of cards or sheets begins: _____

Provide the time balls will be drawn for the bonanza game (if any): _____

Provide the time the bingo games will start: _____

SPECIAL BINGO BANK ACCOUNT (for Class A&C ONLY)

Account number: _____

Attach a voided (not cancelled) check from the special bingo bank account in the space provided below:

ATTACH VOIDED CHECK HERE
(please staple the check on the left edge of the paper)

ATTACHMENT

Attach one **original** identifiable admission card, sheet or ticket. A photocopy is **not** acceptable.