

**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>

**TOTAL GAMING PROCEEDS REQUESTED: \$ \_\_\_\_\_**

A privacy statement for the collection of personal information may be found at [www.aglc.ca](http://www.aglc.ca).