

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	\$ _____	Request to Use Gaming Profits to Pay Wages/Salaries (5442) required:	
Event Program	\$ _____	Speakers/presenters:	\$ _____
Food and Beverage	\$ _____	Performers:	\$ _____
Other (details required):		Other (details required):	
_____	\$ _____	_____	\$ _____
_____	\$ _____	Other (details required):	
_____	\$ _____	_____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

TOTAL GAMING PROCEEDS REQUESTED: \$ _____

A privacy statement for the collection of personal information may be found at www.aglc.ca.