

Date Stamp



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
GAMING CONTROL BOARD

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

CHARITABLE GAMBLING AFTER OCCASION REPORT

This report must be filed with the Delaware Gaming Control Board within fifteen (15) calendar days after the conclusion of any game (28 Del. C. § 1140 (a)).

IDENTIFYING INFORMATION

1. Name of Sponsoring Organization: _____

Sponsoring Organization is a defined term (Title 24, Delaware Administrative Code, Regulation 403, Section 1.0).

2. Delaware Gaming Control Board permit number for the event: CE- _____

3. Location of the event: _____

4. Date of event: _____

5. List the name(s) and address(es) of the member(s)-in-charge of the event (28 Del. C. § 1137 (a) (2)).

NAME	ADDRESS

RECEIPTS

Receipts from admission charges (if applicable)	\$
Receipts from all games played	\$
Receipts from food and beverage sales	\$
Any other receipts not listed above	\$
TOTAL GROSS RECEIPTS	\$

EXPENDITURES

Total cost of all prizes listed on Exhibit A Itemize all prizes offered and given and each prize's value on Exhibit A (28 Del. C. § 1140 (a) (6)).	\$
Cost of use of event premises (if applicable) listed on Exhibit B Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.	\$
Cost of equipment rental (if applicable) listed on Exhibit B Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.	\$
Cost of advertising the event listed on Exhibit B Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.	\$
Cost of (gaming) supplies used (if applicable) listed on Exhibit B Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.	\$
Cost of bookkeepers or accountants (if applicable) listed on Exhibit B Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.	\$
Any other expense(s) not listed above. Itemize the name and address of each person to whom each item has been (or will be) paid, with a description of the merchandise purchased or the services rendered on Exhibit B.	\$
TOTAL EXPENSES	\$

NET PROFIT

Subtract **TOTAL EXPENSES** from **TOTAL RECEIPTS** above: \$ _____

PURPOSE OF PROCEEDS

State purpose(s) for which the event's net proceeds will be used (28 Del. C. § 1140 (a) (5)):

Under penalties of perjury I do hereby state **under oath** that all statements in the foregoing report are true and correct and that the game was conducted in accordance with the provisions of the laws of this State, the license, and the rules and regulations of this Board governing the conduct of such games.

PRINT NAME OF MEMBER-IN-CHARGE: _____

SIGNATURE OF MEMBER-IN-CHARGE: _____



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EXHIBIT A – PRIZES & VALUES

List prizes offered and given and their value (28 Del. C. § 1140 (a)(6)). Use as many **Exhibit A** forms as needed to list all prizes.

The Qualified Organization must provide Internal Revenue Service form W2-G to the winners of prizes valued at \$600 or more.

Prize Number	Description of Prize	Prize Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$



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EXHIBIT B – EXPENSES INCURRED OR PAID

List each item of expense incurred or paid along with the name and address of each person/vendor paid (or to be paid) for the item and a description of the merchandise purchased or service rendered (28 Del. C. § 1140 (a) *et seq.*). Use as many **Exhibit B** forms as needed to list all expenses incurred or paid.

Prize	Vendor	Full Description of Merchandise Purchased or Service Received.	Expense
1.	Name:		\$
	Address:		
	City: State:		
2.	Name:		\$
	Address:		
	City: State:		
3.	Name:		\$
	Address:		
	City: State:		
4.	Name:		\$
	Address:		
	City: State:		
5.	Name:		\$
	Address:		
	City: State:		
6.	Name:		\$
	Address:		
	City: State:		
7.	Name:		\$
	Address:		
	City: State:		
8.	Name:		\$
	Address:		
	City: State:		
9.	Name:		\$
	Address:		
	City: State:		
10.	Name:		\$
	Address:		
	City: State:		