

## SESSION SCHEDULE CHECKLIST

The follo	_	checklist has been developed to assist you when preparing and submitting a <b>Session</b> m.
	. Plea	ase include your State License Number (EX: G-0005670), if applicable.
		correct fax number or e-mail address must be provided in order for the Office to fax or nail a license.
3	_	ganization Official must complete the amount of rent per session and provide a lease, if licable.
4		nen submitting a request to <i>add or delete</i> a session(s), <i>organization official and commercial sor/non-commercial lessor</i> <b>must</b> sign the form approving the session(s).
5	org	t all dates and times of events. Enter the starting time of a session as the time the anization will begin selling paper/pulltabs. ccle AM or PM, Length, and Add or Delete.
□ 6	A.	ditional Session Schedule  If organization has events at more than one location, complete a form for each location and include lease agreement, if applicable.  List all dates, times and length of sessions for each additional location.
□ 7	A. B.	If organization is paying rent for any location, submit a signed lease agreement.  Lease agreements must include all dates and times organization is to conduct gaming activities.
<u> </u>	Cal A. B. C.	ten changing schedule of dates and times, give specific dates and times. Use the lendar Schedule for changing multiple sessions.  Circle add or delete  Circle a.m. or p.m.  Enter the time.  Enter the length of session: 2 hours, 4 hours or 6 hours. Session cannot exceed 6 hours.
<u> </u>		e second and subsequent revisions to your license must be accompanied by a \$25 check, de payable to "Office of Charitable Gaming" and written on the gaming account.

If you have questions concerning any application information, contact the Office at 1-800-562-9235 or locally at 225-925-1835. You may also visit our website at www.ocg.louisiana.gov.



Initials

Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 219-1910 www.ocg.louisiana.gov

## **Session Schedule**

□ 0	RIGINAL APPLI	CATION				License Ye	ear Ending 6/30/20	) <u> </u>
□ R	ENEWAL					State Licen	se Number:	
□ R	EQUEST CHAN	IGE TO LICENS	SE			G		
		*** Pleas	e use one form	per location w	here games a	re played **		
Name	of Organization						Organization Fax I (where you want the I	
Name	of Building Where C	Games are Conducte	d		Building Phone	e#	Building Fax Num	ber
					( )		( )	
Physic	cal Address of Buildi	ng (Include City & Z	Zip Code)		Parish of Build	ing	E-mail Address	
	ount of rent per seach copy of rental or le			Check her	e if building is owr	ned by organizat	on or provided free	of charge.
2.	. Change requ . The second a	ests not comple nd subsequent (	ted properly will c changes to your li	han 5 business day cause a delay in re cense must be acc	ceiving your lice	nse.		fice of
3. 4. 5.	. This form mu lessor.		an organization o	ng account. official or Member	-In-Charge and	the commerci	al or non-comme	rcial
4.	. This form mu lessor.	ist be signed by al dates, use sch	an organization o	official or Member	-In-Charge and			rcial
5.	. This form mu lessor.	ist be signed by al dates, use sch	an organization o	official or Member	-In-Charge and		CK ONE:	rcial
5.	. This form mu lessor. . For additiona	ist be signed by al dates, use sch INDICAT	an organization o edule calendar. FEREQUESTED	official or Member		СНЕ	CK ONE:	rcial
5.	. This form mu lessor. . For additiona	ist be signed by al dates, use sch INDICAT	an organization o edule calendar. FEREQUESTED	CHANGE: Circle one AM PM		СНЕ	CK ONE:	rcial
5.	. This form mu lessor. . For additiona	ist be signed by al dates, use sch INDICAT	an organization o edule calendar. FEREQUESTED	CHANGE: Circle one		СНЕ	CK ONE:	rcial
4. 5. 6.	. This form mulessor For additionate DAY	ast be signed by al dates, use scho INDICAT DATE	an organization o edule calendar. FEREQUESTED TIME	CHANGE: Circle one AM PM	LENGTH	CHE DELETE	CK ONE:	rcial
4. 5. 6. [	. This form mulessor For additiona DAY Office has the	ast be signed by al dates, use school INDICAT DATE  a right to den	an organization o edule calendar. FEREQUESTED TIME TIME	CHANGE: Circle one AM PM AM PM	LENGTH on is in arrear	CHE DELETE	CK ONE: ADD	
4. 5. 6. [	. This form mulessor For additionate DAY	ast be signed by al dates, use school INDICAT DATE  e right to den	an organization of edule calendar.  FEREQUESTED TIME  TIME  ay modification  Signature	CHANGE: Circle one AM PM AM PM	LENGTH	CHE DELETE	CK ONE:	
4. 5. 6. [ The Organ	. This form mulessor For additional DAY  Office has the dization Official (principal content of the content	al dates, use school INDICAT DATE  e right to den	an organization of edule calendar.  TEREQUESTED TIME  TIME  ay modification  Signature  X	CHANGE: Circle one AM PM AM PM	LENGTH on is in arrear	CHE DELETE	CK ONE: ADD  Daytime Phone # & A	Area Code
4. 5. 6. Comn	. This form mulessor For additiona DAY Office has the	al dates, use school INDICAT DATE  e right to dente	an organization of edule calendar.  FEREQUESTED TIME  TIME  ay modification  Signature	CHANGE: Circle one AM PM AM PM	LENGTH on is in arrear	CHE DELETE	CK ONE: ADD	Area Code
4. 5. 6. Comn	. This form mulessor For additiona  DAY  Office has the mization Official (printercial/Non-Commercial/Non-Co	al dates, use school INDICAT DATE  e right to dente	an organization of edule calendar.  TEREQUESTED TIME  TIME  ay modification  Signature  X	CHANGE: Circle one AM PM AM PM	LENGTH on is in arrear	CHE DELETE	CK ONE: ADD  Daytime Phone # & A	Area Code
4. 5. 6. Comn	. This form mulessor For additiona  DAY  Office has the mization Official (printercial/Non-Commercial/Non-Co	al dates, use school INDICAT DATE  e right to dente	an organization of edule calendar.  TEREQUESTED TIME  TIME  Ay modification  Signature  X  Signature  X	CHANGE: Circle one AM PM AM PM an if organization	LENGTH  on is in arrear  Date  Date	CHE DELETE	CK ONE: ADD  Daytime Phone # & A	Area Code
4. 5. 6. Comn	. This form mulessor For additiona  DAY  Office has the mization Official (printercial/Non-Commercial/Non-Co	al dates, use school INDICAT DATE  e right to dente	an organization of edule calendar.  TEREQUESTED TIME  TIME  Ay modification  Signature  X  Signature  X	CHANGE: Circle one AM PM AM PM	LENGTH  on is in arrear  Date  Date	CHE DELETE	CK ONE: ADD  Daytime Phone # & A	Area Code
The Organ Comm (only)	. This form mulessor For additiona  DAY  Office has the mization Official (printercial/Non-Commercial/Non-Co	al dates, use scholar DATE  e right to dent  t)  cial Lessor  tions)	an organization of edule calendar.  TEREQUESTED TIME  TIME  TYPE  Ay modification  Signature  X  Signature  X  DO NOT	CHANGE: Circle one AM PM AM PM an if organization  CWRITE BELOW	Date Date THIS LINE	CHE DELETE	Daytime Phone # & .	Area Code
The Organ Comm (only)	. This form mulessor For additions  DAY  Office has the mization Official (printercial/Non-Commercial/Non-Commercial/Non-Commercial/Non-Commercial/Non-Commercial/Non-Commercial/Non-Commercial/Non-Commercial/Non-Comme	al dates, use school INDICAT DATE  e right to dent  t)  cial Lessor  tions)	an organization of edule calendar.  FEREQUESTED TIME  TIME  Ay modification  Signature  X  Signature  X  DO NOT	CHANGE: Circle one AM PM AM PM an if organization  CWRITE BELOW	Date  Date  THIS LINE  Conflicting Ti	CHE DELETE  S.  mes No M	CK ONE: ADD  Daytime Phone # & A	Area Code
The Organ Comm (only)	This form mulessor. For additions  DAY  Office has the mization Official (printercial/Non-Commer required on modification of m	al dates, use school INDICAT DATE  e right to dent  t)  cial Lessor  tions)	an organization of edule calendar.  TEREQUESTED TIME  TIME  TYPE  Ay modification  Signature  X  Signature  X  DO NOT	CHANGE: Circle one AM PM AM PM an if organization  CWRITE BELOW  ROVED HED Due to	Date Date THIS LINE	CHE DELETE  S.  mes No M Other	Daytime Phone # & .	Area Code

Lease Agreement:

Page 2

\_Device Agreement:\_

Office of Charitable Gaming				State License # G-		
Organization Name:		Signature of Organization Official Approval: (Required)	Da	te signed:	Organization Phone #:	
Building Where Games are Held:		Lessor (Hall) Approval (Required)	Da	te signed:	Hall Contact Phone #:	
Rent Amount \$		Fax Number / E-mail address :			·	
Building Address:	1. Q 2. S	eck if this schedule will delete all sessions parts of the schedule will delete all sessions parts of the submitted no later than 5 Submit the entire year's schedule to avoid addition the entire and length of session and circle AM or	(five) bus al charge	siness days in adva s and/or delays.		

July 2020								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		

Holidays are listed for your information only.
There may be others not listed. Sessions may be scheduled on these days.

**Holidays**: July 4<sup>th</sup> – Independence Day

If any requested session conflicts with another			1	2	3	4
organization's sc	cheduled session, you	rs will not be	Add Delete	Add Delete	Add Delete	Add Delete
approved. The o	ffice has the right to	deny	Time:	Time:	Time:	Time:
1.1	organization is in arı	•	AM PM	AM PM	AM PM	AM PM
		Length:	Length:	Length:	Length:	
5	6	7	8	9	10	11
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
12	13	14	15	16	17	18
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
19	20	21	22	23	24	25
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
26	27	28	29	30	31	
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	
Time:	Time:	Time:	Time:	Time:	Time:	
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Length:	Length:	Length:	Length:	Length:	Length:	

	Office of	f Charitable Ga	ming	Sta	te License # G-	
Organization Nar	ne:	Signatur (Required)	e of Organization Offi	cial Approval:	Date signed:	Organization Phone #
Building Where C	Games are Held:	Lessor (	Hall) Approval (Requi	red)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Nur	nber / E-mail address :			
Building Address	s:	<ol> <li>Change req</li> <li>Submit the</li> </ol>	uests must be submitte entire year's schedule	ed no later than <b>5</b> to avoid addition	ns previously subm (five) business days in a all charges and/or delays PM and Add or Delete.	
			August 2020			
Sunday	Monday	Tuesday	Wednesday	Thursd	lay Friday	Saturday
	right to deny modific				7	Time: AM PM Length:
Add Delete Time: AM PM Length:  9 Add Delete	Add Delete Time: AM PM Length:  10 Add Delete	Add Delete Time: AM PM Length:  11 Add Delete	5 Add Delete Time: AM PM Length:  12 Add Delete	6 Add Delete Time: AM PM Length:  13 Add Delete	Time: AM PM Length:	8 Add Delete Time: AM PM Length:  15 Add Delete
Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:		Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:		Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:					

Offic	e of Chai	ritable Gaming	State License #G-	
Organization Name:		Signature of Organization Official Approval: (Required)	Date Signed	Organization Phone #:
Building Where Games are Held:		Lessor (Hall) Approval (Required)	Date Signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number / E-mail address :	1	1
Building Address:		Check if this schedule will delete all sessions processions procession requests must be submitted no later than 5 (Submit the entire year's schedule to avoid additional Enter time and length of session and circle AM or P	<b>five)</b> business days in advl charges and/or delays.	

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.

**Holidays:** September  $7^{th}$  – Labor Day

		1	2	3	4	5
		Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
		Time:	Time:	Time:	Time:	Time:
		AM PM	AM PM	AM PM	AM PM	AM PM
		Length:	Length:	Length:	Length:	Length:
6	7	8	9	10	11	12
Add Delete	Add Delete	Add Delete				
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM				
Length:	Length:	Length:	Length:	Length:	Length:	Length:
13	14	15	16	17	18	19
Add Delete	Add Delete	Add Delete				
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM				
Length:	Length:	Length:	Length:	Length:	Length:	Length:
20	21	22	23	24	25	26
Add Delete	Add Delete	Add Delete				
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM				
Length:	Length:	Length:	Length:	Length:	Length:	Length:
27	28	29	30	If any requested so	ession conflicts with	another
Add Delete	Add Delete	Add Delete	Add Delete		eduled session, your	
Time:	Time:	Time:	Time:	approved. The off	ice has the right to d	leny modification if
AM PM	AM PM	AM PM	AM PM	organization is in	arrears.	-
Length:	Length:	Length:	Length:			

	Office of	<b>Charitable Gamin</b>	ıg S	State License #G-	
Organization Nam	e:	Signature of (Required)	Organization Official Approval:	Date signed:	Organization Phone #:
Building Where G	ames are Held:	Lessor (Hall	) Approval (Required)	Date signed:	Hall Contact Phone #
Rent Amount \$		Fax Number	/ E-mail address :		I
D '11' A 11					
Building Address:		<ol> <li>Change reque</li> <li>Submit the er</li> </ol>	schedule will delete all session and circle AM and length of session and	an <b>5 (five)</b> business ditional charges and/or	ays in advance. delays.
Building Address:		<ol> <li>Change reque</li> <li>Submit the er</li> </ol>	ests must be submitted no later th ntire year's schedule to avoid add	an <b>5 (five)</b> business ditional charges and/or	ays in advance. delays.

**Holidays:** October 12<sup>th</sup> – Columbus Day; October 31<sup>st</sup> - Halloween

		another organization ication if organization		Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
4	5	6	7	8	9	10
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
11	12	13	14	15	16	17
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
18	19	20	21	22	23	24
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
25	26	27	28	29	30	31
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:

	Office of	Charitable Gam	ing	Sta	te License #G-		
Organization Na	me:	Signature (Required)	of Organization Office	ial Approval:	Date Signed:	Organization Phone #:	
Building Where	Games are Held:	Lessor (Ha	all) Approval (Require	ed)	Date Signed: Hall Contact Phone		
Rent Amount \$		Fax Numb	er / E-mail address :				
Building Addres	s:	<ol> <li>Change rec</li> <li>Submit the</li> </ol>	quests must be submit entire year's schedule	ted no later than to avoid additi	ions previously sub of (five) business days it onal charges and/or delator or PM and Add or Delete	ays.	
			November 2020	0			
Sunday	Monday	Tuesday	Wednesday	Thursd	lay Friday	Saturday	
1	2 Add Delete	3	4	5 Add Delete	6 Add Delete	7 Add Delete	
* *				5 Add Delete Time:	6 Add Delete Time:	7 Add Delete Time:	
AM PM Length:	AM PM Length:	AM PM Length:	AM PM Length:	AM PM Length:	AM PM Length:	AM PM Length:	
8 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	11 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	
Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	24 Add Delete Time: AM PM Length:	25 Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	
29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:	If any requested session	on conflicts with another orat to deny modification if or	_	ears.	, -	

Office	State License #G-			
Organization Name:		Signature of Organization Official Approval: (Required)	Date Signed	Organization Phone #:
Building Where Games are Held:		Lessor (Hall) Approval (Required)	Date Signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number / E-mail address :		•
Building Address:	1. Cl 2. St	ck if this schedule will delete all sessions phange requests must be submitted no later than 5 abmit the entire year's schedule to avoid addition ter time and length of session and circle AM or	(five) business days in adva al charges and/or delays.	
		December 2020		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days. Holidays:									
December 24 <sup>th</sup> – C	December $24^{th}$ – Christmas Eve; December $25^{th}$ - Christmas December $31^{st}$ – New Year's Eve								
		1	2	3	4	5			
		Add Delete							
		Time:	Time:	Time:	Time:	Time:			
		AM PM							
		Length:	Length:	Length:	Length:	Length:			
6	7	8	9	10	11	12			
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete			
Time:	Time:	Time:	Time:	Time:	Time:	Time:			
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
Length:	Length:	Length:	Length:	Length:	Length:	Length:			
13	14	15	16	17	18	19			
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete			
Time:	Time:	Time:	Time:	Time:	Time:	Time:			
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
Length:	Length:	Length:	Length:	Length:	Length:	Length:			
20	21	22	23	24	25	26			
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete			
Time:	Time:	Time:	Time:	Time:	Time:	Time:			
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM			
Length:	Length:	Length:	Length:	Length:	Length:	Length:			
27	28	29	30	31					
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	<u> </u>				
AM PM	AM PM	AM PM	AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:					

If any requested session conflicts with another organization's scheduled session, yours will not be approved. The Office has the right to deny modification if organization is in arrears.

				ate License #G-		
Organization Nam	ne:	Signature (Required)	of Organization Officia	al Approval:	Date signed:	Organization Phone #:
Building Where G	Games are Held:	Lessor (Ha	all) Approval (Require	d)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Num	ber / E-mail address	:		
Building Address:		<ol> <li>Change requests r</li> <li>Submit the entire y</li> </ol>	e will delete all sessions pr nust be submitted no later the year's schedule to avoid addi gth of session and circle AM	an <b>5 (five)</b> business day attional charges and/or de	s in advance. elays.	
			January 2021			
Sunday	Monday	Tuesday nay be others not listed. Session	Wednesday	Thursday	y Friday	Saturday
approved. The Office has th	ne right to deny modi	fication if organization	is in arrears.		Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	4 Add Delete Time: AM PM Length:	5 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length:
10 Add Delete Fime: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
17 Add Delete Fime: AM PM Length:	18 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	23 Add Delete Time: AM PM Length:
<b>24</b> Add Delete Time: AM PM Length:	25 Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	28 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:
AM PM Length:  31 Add Delete Time: AM PM Length:						

Office of Charitable Gaming			State License #G-		
Organization Name:		Signature of Organization Official Approval: (Required)	Date signed:	Organization Phone #:	
Building Where Games are Held:		Lessor (Hall) Approval (Required)	Date signed:	Hall Contact Phone #:	
Rent Amount \$ Fax Number / E-mail address:					
Building Address:	1. Cł 2. Su	<ol> <li>( ) Check if this schedule will delete all sessions previously submitted for this month.</li> <li>1. Change requests must be submitted no later than 5 (five) business days in advance.</li> <li>2. Submit the entire year's schedule to avoid additional charges and/or delays.</li> </ol>			

February 2021 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.

*Holidays*: February 14<sup>th</sup> – Valentine's Day; February 16<sup>th</sup> – Mardi Gras; February 17<sup>th</sup> – Ash Wednesday;

	1	2	3	4	5	6
	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
	Time:	Time:	Time:	Time:	Time:	Time:
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Length:	Length:	Length:	Length:	Length:	Length:
7	8	9	10	11	12	13
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
14	15	16	17	18	19	20
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
21	22	23	24	25	26	27
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
28	If any requested	d session conflicts wi	th another organiza	tion's scheduled ses	sion, yours will not l	oe approved.
Add Delete						
Time:	The Office has	the right to deny mo	dification if organiz	ation is in arrears.		
ANA DIVA		•				

PM AM

Length:

Office of Charitable Gaming				State License #G-		
Organization Name:		Signature of Organization Official Approval: (Required)		Date signed:	Organization Phone #:	
Building Where Games are Held:		Lessor (Hall) Approval (Required)		Date signed:	Hall Contact Phone #:	
Rent Amount \$		Fax Number / E-mail address :				
Building Address:  ( ) Check if this schedule will delete all see 1. Change requests must be submitted no late 2. Submit the entire year's schedule to avoid 3. Enter time and length of session and circle			han ditio	5 (five) business da onal charges and/or o	ys in advance. lelays.	

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.

Holiday: March 17<sup>th</sup> – St. Patrick's Day

	1	2	3	4	5	6	
	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	
	Time:	Time:	Time:	Time:	Time:	Time:	
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
	Length:	Length:	Length:	Length:	Length:	Length:	
7	8	9	10	11	12	13	
Add Delete	Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	Time:	Time:	
AM PM	AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:	Length:	Length:	
14	15	16	17	18	19	20	
Add Delete	Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	Time:	Time:	
AM PM	AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:	Length:	Length:	
21	22	23	24	25	26	27	
Add Delete	Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	Time:	Time:	
AM PM	AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:	Length:	Length:	
28	29	30	31		ssion conflicts with a		
Add Delete	Add Delete	Add Delete	Add Delete	O	eduled session, your	s will not be	
Time:	Time:	Time:	Time:	approved.			
AM PM	AM PM	AM PM	AM PM	The Office has the right to deny modification if			
Length:	Length:	Length:	Length:	organization is in a	rrears.		

	Office of	Charitable Gam	ing	Sta	te License #G-	
Organization Name:  Signature of Organization Offici (Required)			ial Approval:	Date signed:	Organization Phone #:	
Building Where Games are Held: Lessor (Hall) Approval (Require			ed)	Date signed:	Hall Contact Phone #:	
Rent Amount \$		Fax Numb	er / E-mail address :			
Building Addres	s:	<ol> <li>Change req</li> <li>Submit the</li> </ol>	uests must be submitt entire year's schedule and length of session	ted no later than to avoid additi	s previously submits 5 (five) business days onal charges and/or del or PM and Add or Dele	in advance. ays.
Sunday	Monday	Tuesday	April 2021 Wednesday	Thursd	lay Friday	Saturday
If any requested scheduled session	d session conflicts wi on, yours will not be the right to deny mo	approved.		1 Add Delete Time:	2 Add Delete Time: AM PM	3 Add Delete Time: AM PM
				Length:	Length:	Length:
Add Delete Time: AM PM Length:	5 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:  18 Add Delete Time:	Add Delete Time: AM PM Length:  19 Add Delete	Add Delete Time: AM PM Length:  20 Add Delete	14 Add Delete Time: AM PM Length: 21 Add Delete	15 Add Delete Time: AM PM Length: 22 Add Delete	Time: AM PM Length:	17 Add Delete Time: AM PM Length: 24 Add Delete
AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	AM PM Length:	Time: AM PM Length:
25 Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	28 Add Delete Time: AM PM Length:	29 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	

	Office of	f Charitable Gan	ning	Sta	nte License #G-	
Organization Na	ime:	Signature (Required)	of Organization Off	icial Approval:	Date signed:	Organization Phone #:
Building Where	Games are Held:	Lessor (H	Iall) Approval (Requ	ired)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Num	ber / E-mail address	:	1	L
Building Address:		<ol> <li>Change requests</li> <li>Submit the entire</li> </ol>	le will delete all sessions promust be submitted no later to avoid adength of session and circle A May 2021	than <b>5 (five)</b> business of ditional charges and/or	lays in advance. r delays.	
Sunday	Monday	Tuesday	Wednesday	Thursda	y Friday	Saturday
	sion conflicts with another of		,	pproved.		1 Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	3 Add Delete Time: AM PM Length:	4 Add Delete Time: AM PM Length:	5 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length:
9 Add Delete Time: AM PM Length:	10 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	24 Add Delete Time: AM PM Length:	25 Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	28 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
30 Add Delete Time: AM PM Length:	31 Add Delete Time: AM PM Length:					

Office of Charitable Gaming					State License #G-			
Organization Na	me:	Signature (Required)	of Organization Offic	cial Approval:	Date signed:	Organization Phone #:		
Building Where	Games are Held:	Lessor (Ha	ıll) Approval (Requir	red)	Date signed:	Hall Contact Phone #:		
Rent Amount \$		Fax Numb	er / E-mail address :	L				
Building Addres	s:	<ol> <li>Change req</li> <li>Submit the</li> </ol>	uests must be submit entire year's schedule and length of session	ted no later than <b>5</b> e to avoid addition	previously submitte 5 (five) business days in al charges and/or dela PM and Add or Delete	n advance. ys.		
Sunday	Monday	Tuesday	June 2021 Wednesday	Thursda	y Friday	Saturday		
on these days.	ed for your information  O <sup>th</sup> – Father's Day	1	2	3	4	5		
		Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:		
6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:		
Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:		
20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:		
27 Add Delete Time: AM PM Length:	28 Add Delete Time: AM PM Length:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:	organization's approved.	ed session conflicts with scheduled session, you the right to deny modi			