



**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

## Casino Night Session Schedule

\*\*\* Please use one form per location where games are played \*\*\*

License Number	Name of Organization	Organization Fax Number (where you want the license faxed) (    )
Name of Building Where Games are Conducted		Building Phone # (    )
Physical Address of Building (Include City & Zip Code)		Building Fax Number (    )
		Parish of Building
<input type="checkbox"/> Check here if building is owned by organization.      Amount of rent per session: \$ _____ (Attach copy of rental or lease agreement.)		

1. **Submit a copy of the ticket and the rules, as well as the lease agreement with Private Casino Contractor, if applicable.**
2. **The second and subsequent revisions to your license must be accompanied by a \$25 check made payable to "Office of Charitable Gaming".**
3. **This form must be signed by an organization official and the commercial or non-commercial lessor.**

Organization Official (print)	Signature  X	Date	Daytime Phone # and area code
Commercial/Non-Commercial Lessor	Signature  X	Date	Daytime Phone # and area code

Date of Session	Time Session Begins	AM/PM	Length of Session (6 hour max.)
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	

\_\_\_\_\_ Price per Admission Ticket      \_\_\_\_\_ Total Number of Tickets Available for Sale

Add-ons or rebuys? YES \_\_\_\_\_ NO \_\_\_\_\_ (Attach rules.)

**List all prizes (Description & Value) No cash prizes shall be awarded.**

1 <sup>st</sup>	6 <sup>th</sup>
2 <sup>nd</sup>	7 <sup>th</sup>
3 <sup>rd</sup>	8 <sup>th</sup>
4 <sup>th</sup>	9 <sup>th</sup>
5 <sup>th</sup>	10 <sup>th</sup>

*Attach additional sheet if more than 10 prizes will be given away.*

Check Number:	Receipt Number: <b>C-</b>	Date Entered:	Initials:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Approved by:	