



## SESSION SCHEDULE CHECKLIST

Louisiana Department of Revenue  
Office of Charitable Gaming  
PO Box 1631  
Baton Rouge, LA 70821  
Phone: 1-800-562-9235  
[www.ocg.louisiana.gov](http://www.ocg.louisiana.gov)

The following checklist has been developed to assist you when preparing and submitting a **Session Schedule Form**.

- 1. Please include your State License Number (**EX: G-0005670**), if applicable.
- 2. A correct fax number and e-mail address must be provided in order for the Office to fax or e-mail a license.
- 3. Organization Official must complete the amount of rent per session and provide a lease, if applicable.
- 4. When submitting a request to *add or delete* a session(s), *organization official and commercial lessor/non-commercial lessor* **must** sign the form approving the session(s).
- 5. List **all** dates and times of events. Enter the starting time of a session as the time the organization will begin selling paper/pulltabs.  
**Circle AM or PM, Length, and Add or Delete.**
- 6. **Additional Session Schedule**  
A. If organization has events at more than one location, complete a form for each location and include lease agreement, if applicable.
- 7. **Lease Agreement**  
A. If organization is paying rent for any location, submit a signed lease agreement.  
B. Lease agreements must include all dates and times organization is to conduct gaming activities.
- 8. **When changing schedule of dates and times, give specific dates and times. Use the Calendar Schedule for changing multiple sessions.**  
A. Circle add or delete  
B. Circle a.m. or p.m.  
C. Enter the start time.  
D. Enter the length of session: for example, 2, 4, 6 or 8 hours. Session cannot exceed 8 hours.
- 9. The **second and subsequent revisions** to your session schedule must be accompanied by a **\$25 check**, made payable to "Office of Charitable Gaming" and written on the gaming checking 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](http://www.ocg.louisiana.gov).

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <b>Office of Charitable Gaming</b> |   | 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 sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

| <b>JULY 2025</b>   |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| Sunday   | Monday   | Tuesday  | Wednesday  | Thursday   | Friday  | Saturday   |
| <i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.<br/>Holidays: July 4th – Independence Day</i> |  |  |  |  |   |  |
| <b>6</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:                  | <b>7</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>8</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>9</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>10</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>11</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>12</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>13</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:                 | <b>14</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>15</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>16</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>17</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>18</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>19</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>20</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:                 | <b>21</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>22</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>23</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>24</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>25</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>26</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>27</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:                 | <b>28</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>29</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>30</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>31</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>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.</b> |  |

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**Check if this schedule will delete all sessions previously submitted for this month.**

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**AUGUST 2025**

| Sunday   | Monday  | Tuesday  | Wednesday  | Thursday   | Friday   | Saturday   |
|--|---|--|--|--|--|--|
| <b>3</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>4</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>5</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>6</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>7</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>1</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>2</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  |
| <b>10</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>11</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>12</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>13</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>14</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>15</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>16</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
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**SEPTEMBER 2025**

| Sunday  | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  |
|---|---|---|---|---|---|---|
| <p><i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i><br/> <i>Holidays: September 1st – Labor Day</i></p>                           |   |   |   |   |   |   |
| <p><b>1</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>2</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>3</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>4</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>5</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>6</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>7</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  |
| <p><b>8</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>9</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>10</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>11</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>12</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>13</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>14</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>15</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>16</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>17</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>18</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>19</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>20</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>21</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>22</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>23</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>24</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>25</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>26</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>27</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>28</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>29</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>30</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>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.</b></p>        |   |   |   |   |

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**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
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**OCTOBER 2025**

| Sunday   | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  |
|--|---|---|---|---|---|---|
| <p><i>Holidays are listed for your information only.</i><br/> <i>There may be others not listed. Sessions may be scheduled on these days.</i><br/> <i>Holidays: October 13th – Columbus Day</i><br/> <i>October 31st – Halloween</i></p> |   |   |   |   |   |   |
| <p><b>5</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>                           | <p><b>6</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>7</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>8</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>9</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>10</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>11</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
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| Organization Name:                                | Signature of Organization Official Approval: (Required) | Organization Phone # : |
| Building Where Games are Held:                    | Lessor (Hall) Approval (Required)                       | Hall Contact Phone #:  |
| Rent Amount \$                                    | Fax Number / E-mail address :                           | Building Address:      |
| Date signed:<br>Date signed:<br>Building Address: |   |                        |

**Check if this schedule will delete all sessions previously submitted for this month.**

1. Change requests must be submitted no later than 10 (ten) business days in advance.
2. Submit the entire year's schedule to avoid additional charges and/or delays.
3. Enter time and length of session and circle AM or PM and Add or Delete.

**NOVEMBER 2025**

| Sunday   | Monday   | Tuesday  | Wednesday  | Thursday   | Friday   | Saturday   |
|--|--|--|--|--|--|--|
| <i>Holidays are listed for your information only. There may be others not listed.</i><br><i>Holidays: November 1st – All Saints Day</i><br><i>November 11th – Veterans Day</i><br><i>November 27th – Thanksgiving Day.</i> |  |  |  |  |  |  |
| <b>2</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>3</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>4</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>5</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>6</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>7</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>8</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  |
| <b>9</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>10</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>11</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>12</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>13</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>14</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>15</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>16</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>17</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>18</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>19</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>20</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>21</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>22</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>23</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>24</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>25</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>26</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>27</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>28</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>29</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>30</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   |  |  |  |  |  |  |
| <b>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.</b>                          |  |  |  |  |  |  |

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <b>Office of Charitable Gaming</b> |   | 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 sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**DECEMBER 2025**

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

|                                    |   |                                     |
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| Rent Amount \$                     | Fax Number / E-mail address :                           | Building Address:                   |

**Check if this schedule will delete all sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**JANUARY 2026**

| Sunday  | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  |
|---|---|---|---|---|---|---|
| <p><i>Holidays are listed for your information only.</i><br/> <i>There may be others not listed. Sessions may be scheduled on these days.</i><br/> <i>Holidays: January 1st – New Year's Day</i><br/> <i>January 19th – Martin Luther King Jr Day</i></p> |   |   |   |   |   |   |
| <p><b>4</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>5</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>6</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>7</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>8</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>9</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>10</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>11</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>   | <p><b>12</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>13</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>14</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>15</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>16</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>17</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>18</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>   | <p><b>19</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>20</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>21</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>22</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>23</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>24</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>25</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>   | <p><b>26</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>27</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>28</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>29</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>30</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>31</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |

**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.**

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <b>Office of Charitable Gaming</b> |   | State License # G-                  |
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| 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 sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**FEBRUARY 2026**

| Sunday  | Monday   | Tuesday  | Wednesday  | Thursday   | Friday   | Saturday   |
|---|--|--|--|--|--|--|
| <i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i><br><i>Holidays: February 14th – Valentine's Day      February 17th – Mardi Gras      February 18th – Ash Wednesday</i> |  |  |  |  |  |  |
| <b>1</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>2</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>3</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>4</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>5</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>6</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>7</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  |
| <b>8</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>9</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>10</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>11</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>12</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>13</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>14</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>15</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>16</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>17</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>18</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>19</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>20</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>21</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>22</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>23</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>24</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>25</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>26</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>27</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>28</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>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.**

|                                    |   |                                     |
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| <b>Office of Charitable Gaming</b> |   | State License # G-                  |
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| 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 sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**MARCH 2026**

| Sunday  | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  |
|---|---|---|---|---|---|---|
| <p><i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i><br/>                     Holidays: March 17th – St. Patrick's Day</p>         |   |   |   |   |   |   |
| <p><b>1</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>2</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>3</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>4</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>5</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>6</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>7</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  |
| <p><b>8</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>9</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>10</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>11</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>12</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>13</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>14</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>15</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>16</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>17</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>18</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>19</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>20</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>21</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>22</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>23</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>24</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>25</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>26</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>27</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>28</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>29</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>30</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>31</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>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.</b></p>        |   |   |   |

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <b>Office of Charitable Gaming</b> |   | 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 sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**APRIL 2026**

| Sunday   | Monday   | Tuesday  | Wednesday  | Thursday   | Friday  | Saturday   |
|--|--|--|--|--|---|--|
| <p><i>Holidays are listed for your information only.</i><br/> <i>There may be others not listed. Sessions may be scheduled on these days.</i><br/> <i>Holidays: April 3rd – Good Friday</i><br/> <i>April 5th – Easter</i></p> |  |  |  |  |   |  |
| <b>5</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>6</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>7</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>8</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>9</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>10</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>11</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>12</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>13</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>14</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>15</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>16</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>17</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>18</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>19</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>20</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>21</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>22</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>23</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>24</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>25</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |
| <b>26</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>27</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>28</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>29</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>30</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>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.</b> |  |

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| <b>Office of Charitable Gaming</b> |   | State License # G-                  |
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| Rent Amount \$                     | Fax Number / E-mail address :                           | Building Address:                   |

**Check if this schedule will delete all sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**MAY 2026**

| Sunday  | Monday  | Tuesday   | Wednesday   | Thursday  | Friday  | Saturday  |
|---|---|---|---|---|---|---|
| <p><i>Holidays are listed for your information only. There may be others not listed.</i><br/> <i>Sessions may be scheduled on these days.</i><br/> <i>Holidays: May 10th – Mother's Day</i><br/> <i>May 25th – Memorial Day</i></p> |   |   |   |   |   |   |
| <p><b>3</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>                      | <p><b>4</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>5</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>6</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>7</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>1</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  | <p><b>2</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>  |
| <p><b>10</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>                     | <p><b>11</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>12</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>13</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>14</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>15</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>16</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>17</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>                     | <p><b>18</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>19</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>20</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>21</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>22</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>23</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>24</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>                     | <p><b>25</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>26</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>27</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>28</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>29</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> | <p><b>30</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p> |
| <p><b>31</b><br/> <input type="checkbox"/> Add <input type="checkbox"/> Delete<br/>                     Time:<br/> <input type="checkbox"/> AM <input type="checkbox"/> PM<br/>                     Length:</p>                     |   |   |   |   |   |   |

**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.**

|                                    |   |                        |
|------------------------------------|---|------------------------|
| <b>Office of Charitable Gaming</b> |   | State License # G-     |
| Organization Name:                 | Signature of Organization Official Approval: (Required) | Organization Phone # : |
| Building Where Games are Held:     | Lessor (Hall) Approval (Required)                       | Hall Contact Phone #:  |
| Rent Amount \$                     | Fax Number / E-mail address :                           | Building Address:      |
| Date signed:                       |   | Date signed:           |

**Check if this schedule will delete all sessions previously submitted for this month.**  
**1. Change requests must be submitted no later than 10 (ten) business days in advance.**  
 2. Submit the entire year's schedule to avoid additional charges and/or delays.  
 3. Enter time and length of session and circle AM or PM and Add or Delete.

**JUNE 2026**

|  | Sunday   | Monday   | Tuesday  | Wednesday   | Thursday   | Friday   | Saturday   |  |
|--|--|--|--|---|--|--|--|--|
|  | <i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i>                           |  |  |   |  |  |  |  |
|  | <i>Holidays: June 21st – Father's Day</i>  |  |  |   |  |  |  |  |
|  | <b>1</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>2</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>3</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>4</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:   | <b>5</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>6</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  |  |  |
|  | <b>7</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>8</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>9</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>10</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>11</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>12</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>13</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |  |
|  | <b>14</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>15</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>16</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>17</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>18</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>19</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>20</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |  |
|  | <b>21</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>22</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>23</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>24</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length:  | <b>25</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>26</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>27</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: |  |
|  | <b>28</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>29</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>30</b><br><input type="checkbox"/> Add <input type="checkbox"/> Delete<br>Time:<br><input type="checkbox"/> AM <input type="checkbox"/> PM<br>Length: | <b>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.</b> |  |  |  |  |