



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

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

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BINGO EVENT AFTER OCCASION REPORT

This report must be filed with the Delaware Board of Charitable Gaming within thirty (30) calendar days after the conclusion of this event or if the event is cancelled.

1. Name of Sponsoring Organization: _____
2. Permit Number: **BE-**_____
3. Location of event: _____
4. Date of event: _____ Time of event: _____
5. Number of "cookie jar" games played: _____ Total "cookie jar" payout(s): \$ _____
6. Number of "standard" games played: _____
7. Number of players: _____
8. **Total gross receipts (do not include cookie jar games):**
 - (a) Receipts from admission \$ _____
 - (b) Receipts from all games \$ _____
 - (c) Receipts from food & beverage sales \$ _____
 - (d) Other receipts \$ _____

TOTAL \$ _____

Total expenses (do not include cookie jar games):

- (a) Total cost of all prizes *excluding* Instant Bingo \$ _____
- (b) Cost of use of event premises \$ _____
- (c) Cost of equipment rental \$ _____
- (d) Cost of (bingo) supplies used \$ _____
- (e) Cost of bookkeepers or accountants \$ _____
- (e) Other (attach description) \$ _____

TOTAL \$ _____

9. **NET PROFITS (Subtract TOTAL EXPENSES from TOTAL GROSS RECEIPTS above):** \$ _____

10. Name(s) and address of member(s) in charge:

11. Purpose(s) for which the event's net proceeds will be used:

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

PRINT NAME OF MEMBER-IN-CHARGE: _____

SIGNATURE OF MEMBER-IN-CHARGE: _____