



CASINO NIGHT REPORTING FORM

Montana Department of Justice, Gambling Control Division
615 South 27th St., Suite A, Billings, MT 59101
Phone: (406) 896-4300 • Fax: (406) 896-4308

Complete and submit this form to the Gambling Control Division within **30 days** after the Casino night is held.

SECTION 1

ORGANIZATION NAME

ACCOUNT NUMBER

ADDRESS

CITY, STATE, ZIP

DATE CASINO NIGHT WAS HELD

SECTION 2

Casino Night Receipts and Expenses

1. Total Receipts \$ _____

2. Total Administrative Expenses \$ _____

3. (A) Value of Prizes paid for by cash \$ _____

(B) Value of Prizes donated \$ _____

= **Total Value of ALL Prizes Awarded** \$ _____

4. Total Amount Contributed to Charitable,
Civic or Educational Purposes **[Lines 1 – 2 – 3(A)]** \$ _____

5. Description of Charitable, Civic or Educational Purpose: _____

6.

Print Name of Person Signing

Authorized Signature

Date

INSTRUCTIONS

SECTION 1

Please complete all boxes completely.

SECTION 2

1. Enter the total receipts collected from the casino night.
2. Enter the total amount of administrative expenses incurred for the casino night.
3. (A) Enter the total value of prizes you awarded, that were paid for by cash.
(B) Enter the total value of prizes you awarded, that were donated to you.
Add the two lines (A) and (B) for the Total Value of ALL prizes you awarded.
4. Enter the total amount contributed to a charitable, civic or educational purpose.
Subtract Line 2 and Line 3(A) from Line 1. Do NOT subtract Line 3(B).
5. Describe the purpose for which the casino night funds were raised, including the name of any entity receiving proceeds.
6. The individual signing this form must be an officer or director with the authority to sign for the organization. Print the name of the individual signing the form for reference purposes.