



SESSION SCHEDULE CHECKLIST

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 must be provided in order for the Office to fax 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.
 - B. List all dates, times and length of sessions for each additional location.
- 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 time.
 - D. Enter the length of session: 2 hours, 4 hours or 6 hours. Session cannot exceed 6 hours.
- 9. The **second and subsequent revisions** to your license must be accompanied by a **\$25 check**, made 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.



Office of Charitable Gaming
 PO BOX 98502, Baton Rouge, LA 70884-9502
 (225) 925-1835 or (800) 562-9235 FAX (225) 925-7069
 www.ocg.louisiana.gov

Session Schedule

- ORIGINAL APPLICATION
- RENEWAL
- REQUEST CHANGE TO LICENSE

License Year Ending 6/30/20____
 State License Number:
 G- _____

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

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

1. **Only one FAX per modification.**
2. **Change requests must be submitted no later than 5 business days in advance to guarantee approval.**
3. **Change requests not completed properly will cause a delay in receiving your license.**
4. **The second and subsequent changes to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account.**
5. **This form must be signed by an organization official or Member-In-Charge and the commercial or non-commercial lessor.**
6. **For additional dates, use schedule calendar.**

INDICATE REQUESTED CHANGE:					CHECK ONE:	
DAY	DATE	TIME	AM/PM	LENGTH	DELETE	ADD

The Office has the right to deny modification if organization is in arrears.

Organization Official (print)	Signature X	Date	Daytime Phone # & Area Code
Commercial/Non-Commercial Lessor <i>(only required on modifications)</i>	Signature X	Date	Daytime Phone # & Area Code

DO NOT WRITE BELOW THIS LINE	
Check Number _____	<input type="checkbox"/> APPROVED
Receipt Number C- _____	<input type="checkbox"/> DENIED
Date Entered _____	Due to: <input type="checkbox"/> Conflicting Times <input type="checkbox"/> No Modification Fee
Initials _____	<input type="checkbox"/> No Signature <input type="checkbox"/> Other
	Approved by: _____ Date: _____
	Lease Agreement: _____ Device Agreement: _____

Office of Charitable Gaming

State License # G-

Organization Name:	Signature of Organization Official Approval: <small>(Required)</small>	Date signed:	Organization Phone #
Building Where Games are Held:	Lessor (Hall) Approval (Required)	Date signed:	Hall Contact Phone #:
Rent Amount \$	Fax Number <small>(where you want the license faxed) :</small>		

Building Address:

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

1. Change requests must be submitted no later than **5 (five)** 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.

July 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Holidays: July 4th – Independence Day</i>		1 Add Delete Time: AM PM Length:	2 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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:
13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length:	19 Add Delete Time: AM PM Length:
20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	22 Add Delete Time: AM PM Length:	23 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:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:	31 Add Delete Time: AM PM Length:	<i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i>	

**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 the organization is in arrears.**

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 (where you want the license faxed)		

Building Address:	<input type="checkbox"/> Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) 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.
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August 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
The Office has the right to deny modification if organization is in arrears.					1 Add Delete Time: AM PM Length:	2 Add Delete Time: AM PM Length:
If any requested session conflicts with another organization's scheduled session, yours will not be approved.						
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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:
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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:	29 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-	
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Organization Name:	Signature of Organization Official Approval: (Required)	Date Signed:	Organization Phone #:
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Building Where Games are Held:	Lessor (Hall) Approval (Required)	Date Signed:	Hall Contact Phone #:
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Rent Amount \$	Fax Number (where you want the license faxed)
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Building Address:	<input type="checkbox"/> Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) 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.
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September 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Holiday: September 1st – Labor Day
Holidays are listed for your information only.
There may be others not listed. Sessions may be scheduled on these days.

	1 Add Delete Time: AM PM Length:	2 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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:
14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length:	19 Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:
21 Add Delete Time: AM PM Length:	22 Add Delete Time: AM PM Length:	23 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:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:	<p>If any requested session conflicts with another organization's scheduled session, yours will not be approved.</p> <p>The office has the right to deny modification if organization is in arrears.</p>			

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 # (where you want the license faxed)		

Building Address:

- () Check if this schedule will delete all sessions previously submitted for this month.**
1. Change requests must be submitted no later than **5 (five)** 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.

October 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Holiday: October 31st - Halloween <i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i>			1 Add Delete Time: AM PM Length:	2 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:	11 Add Delete Time: AM PM Length:
12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length:
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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:	31 Add Delete Time: AM PM Length:	

The office has the right to deny modification if organization is in arrears.

If any requested session conflicts with another organization's scheduled session, yours will not be approved.

Office of Charitable Gaming

State License #G-

Organization Name:	Signature of Organization Official Approval: <small>(Required)</small>	Date Signed:	Organization Phone #:
Building Where Games are Held:	Lessor (Hall) Approval (Required)	Date Signed:	Hall Contact Phone #:
Rent Amount \$	Fax Number <small>(where you want the license faxed)</small>		

Building Address:	<p style="text-align: center;">() Check if this schedule will delete all sessions previously submitted for this month.</p> <ol style="list-style-type: none"> 1. Change requests must be submitted no later than 5 (five) 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.
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November 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Holidays: <i>November 1st – All Saints Day</i> <i>November 11th – Veterans Day</i> <i>November 27th – Thanksgiving Day</i>		<i>Holidays are listed for your information only. There may be others not listed.</i> <i>Sessions may be scheduled on these days.</i>				1 Add Delete Time: AM PM Length:
2 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:
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30 Add Delete Time: AM PM 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.					

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 (where you want the license faxed)				
Building Address:		<p>() Check if this schedule will delete all sessions previously submitted for this month.</p> <ol style="list-style-type: none"> 1. Change requests must be submitted no later than 5 (five) 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 2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Holidays:</i> December 24 th & 25 th – Christmas December 31 st – New Year's Eve		<i>Holidays are listed for your information only. There may be others not listed.</i> <i>Sessions may be scheduled on these days.</i>				
	1 Add Delete Time: AM PM Length:	2 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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:
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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 (where you want the license faxed)		

Building Address:	<p>() Check if this schedule will delete all sessions previously submitted for this month.</p> <ol style="list-style-type: none"> 1. Change requests must be submitted no later than five (5) 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.
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January 2015

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> Holidays: January 1 st – New Year's Day January 19 th – MLK Jr Day				1 Add Delete Time: AM PM Length:	2 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:
11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:
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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:	30 Add Delete Time: AM PM Length:	31 Add Delete Time: AM PM Length:

**If any requested session conflicts with another organization's scheduled session, yours will not be approved.
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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 (where you want the license faxed)		

Building Address:	<input type="checkbox"/> Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) 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.
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February 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Holiday: February 14th – Valentine’s Day February 17th – Mardi Grad Day February 18th – Ash Wednesday</i>				<i>Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.</i>		

1 Add Delete Time: AM PM Length:	2 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:
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**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.**

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 (where you want the license faxed)				
Building Address:		<input type="checkbox"/> Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) 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 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Holidays:</i> March 17 th – St. Patrick's Day			<i>Holidays are listed for your information only. There may be others not listed.</i>			
<i>Sessions may be scheduled on these days.</i>						
1 Add Delete Time: AM PM Length:	2 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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:
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Office of Charitable Gaming

State License #G-

Organization Name:	Signature of Organization Official Approval: <small>(Required)</small>	Date signed:	Organization Phone #:
Building Where Games are Held:	Lessor (Hall) Approval (Required)	Date signed:	Hall Contact Phone #:
Rent Amount \$	Fax Number <small>(where you want the license faxed)</small>		

Building Address:	<p style="text-align: center;">() Check if this schedule will delete all sessions previously submitted for this month.</p> <ol style="list-style-type: none"> 1. Change requests must be submitted no later than 5 (five) 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.
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April 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Holidays are listed for your information only. There may be others not listed.</i>			1 Add Delete Time: AM PM Length:	2 Add Delete Time: AM PM Length:	3 Add Delete Time: AM PM Length:	4 Add Delete Time: AM PM Length:
<i>Sessions may be scheduled on these days.</i>			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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:
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30 Add Delete Time: AM PM Length:	Holidays: <i>April 3rd – Good Friday</i> <i>April 5th – Easter</i>					

**If any requested session conflicts with another organization's scheduled session, yours will not be approved.
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Office of Charitable Gaming

State License #G-

Organization Name:	Signature of Organization Official Approval: <small>(Required)</small>	Date signed:	Organization Phone #:
Building Where Games are Held:	Lessor (Hall) Approval (Required)	Date signed:	Hall Contact Phone #:
Rent Amount \$	Fax Number <small>(where you want the license faxed)</small>		

Building Address:	<p style="text-align: center;">() Check if this schedule will delete all sessions previously submitted for this month.</p> <ol style="list-style-type: none"> 1. Change requests must be submitted no later than 5 (five) 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.
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May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Holidays: May 10th – Mother’s Day May 25th – Memorial Day <i>Holidays are listed for your information only.</i> <i>There may be others not listed. Sessions may be scheduled on these days.</i>					1 Add Delete Time: AM PM Length:	2 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:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	13 Add Delete Time: AM PM Length:	14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:
17 Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length:	19 Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	22 Add Delete Time: AM PM Length:	23 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:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:
31 Add Delete Time: AM PM Length:	<p style="text-align: center;">If any requested session conflicts with another organization’s scheduled session, yours will not be approved.</p> <p style="text-align: center;">The office has the right to deny modification if organization is in arrears.</p>					

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 (where you want the license faxed)		

Building Address:	<p>() Check if this schedule will delete all sessions previously submitted for this month.</p> <ol style="list-style-type: none"> Change requests must be submitted no later than 5 (five) business days in advance. Submit the entire year's schedule to avoid additional charges and/or delays. Enter time and length of session and circle AM or PM and Add or Delete.
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June 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Holiday: June 21st – Father’s Day
Holidays are listed for your information only. There may be others not listed.

Sessions may be scheduled on these days.

	1 Add Delete Time: AM PM Length:	2 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:
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14 Add Delete Time: AM PM Length:	15 Add Delete Time: AM PM Length:	16 Add Delete Time: AM PM Length:	17 Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length:	19 Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:
21 Add Delete Time: AM PM Length:	22 Add Delete Time: AM PM Length:	23 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:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM 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.</p>			