

EVENT WORKSHEET

Email: gaming.useofproceeds@aglc.ca web: aglc.ca Toll-free: 1-855-506-1066

SUBMISSION OF THIS WORKSHEET MUST BE ACCOMPANIED WITH A COMPLETED REQUEST TO AMEND USE OF GAMING PROCEEDS FORM 5506

LICENSEE INFORMATION				
AGLC ID #:		Date:		
Organization Name:				
Org Contact Name:		Phone:		
Email Address:				
EVENT INFORMATION				
Date of Event:		Anticipated A	ttendance:	
Name of Event:				
Full Address of Event:				
<u>-</u>				
Description of Event:				
-				
Method of Advertising (copy of ad in English required):				
Event Partners:				
BUDGET /	All events must	be managed on a cost recovery basis (CG	SPH 4.4.12)	
Anticipated Revenue		Anticipated Expenses	,	
Ticket Sales		Venue	\$	
Price per ticket:	\$	Advertising	\$	
Number of tickets:		Printing	\$	
Sponsorships	\$	Equipment	\$	
Grants	\$	Food and Beverage	\$	
Advertising	\$		Request to Use Gaming Proceeds to Pay Wages/Salaries (5442) required: (only if positions are not currently approved)	
Event Program	\$	Speakers/presenters:		
Food and Beverage	\$	Performers:	\$	
Other (details required):	_	Other (details required):		
	\$		\$	
	\$	Other (details required):		
	\$		\$	
TOTAL	¢	ΤΟΤΑΙ	¢	

TOTAL GAMING PROCEEDS REQUESTED: \$