



Indigenous Gaming Regulators

CLASS "A" BINGO HALL ADDENDUM REQUEST

Licence Number: _____ Expiry date: _____

Name of Bingo Hall: _____

_____ *Mailing address*

_____ *P.O. Box or Street Address*

_____ *First Nation, City or Town* _____ *Province* _____ *Postal Code*

Bingo events, indicate "add" or "remove"

	Matinee	Evening	Late Night	Number of events per day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
				Total:

Additional date request	Matinee	Evening	Late night

Cancelled date request	Matinee	Evening	Late night

Bingo Hall Manager: _____
(Print name)
(Signature)
(Date)

Business Telephone: _____

To avoid delay, ensure this form is fully completed. Allow a minimum of ten (10) working days for processing.

Mail or fax request to: **Licensing Department
 Indigenous Gaming Regulators Inc.
 Suite 400-203 Packham Avenue
 Saskatoon, SK S7N 4K5
 Fax: (306) 477-4449**

For office use only		
Date: _____		
Officer: _____	Entered: _____	