



MONTE CARLO EVENT ADDENDUM REQUEST

Indigenous Gaming Regulators

Licence Number: _____ Expiry date: _____

Organizational Name: _____

Mailing address

P.O. Box or Street Address

First Nation, City or Town

Province

Postal Code

Have you started selling tickets? Yes No

Have you started advertising? Yes No

Event information

List changes and why:	Office use

Contact person: _____
(Print name)
(Signature)
(Date)

Residence Telephone

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:	