Indigenous Gaming Regulators Inc.

Suite 400 - 203 Packham Avenue, Saskatoon, Saskatchewan S7N 4K5

Telephone: (306) 477 - 5700 Toll Free: (877) 477 - 4114 Facsimile: (306) 477 - 4449

Class "A" Monthly Bingo and Trust Account Event Log

(Pooled Model)

Note: This form must be completed in full at the end of every Bingo Event and must be made available for inspection by the Indigenous Gaming Regulators Inc. at any time. Ensure that all figures recorded on this form match those on corresponding Bingo Event Close-Out Summary (Form 1206). A completed, signed copy of this form and the original Bingo Event Close-Out Summary forms for all Bingo Events held during the month, must be forwarded to the Indigenous Gaming Regulators Inc. and post marked no later than the 5th day of the following month. Use additional sheets if necessary.

Hall Name:	**Licence Number:**	**Month:**

Date	Event Time		Class "B" Licence #	Attendance	Gross sales	Prize Payout	Trust Account Funding	Total Prizes	Event Prize Status (%)	Running Total Prize Status (%)	Pooled Allocation to Charity (min 15%)	Shortage or Overage	Actual Available for Event Expenses	Adjustments (e.g. cash payments)	Actual Deposit Class A	% of Gross Revenue Available for Event Expenses	Running Total % of Gross Revenue Available for Event Expenses	Prizes Paid from Trust Account	Trust Account Balance from Previous Month:
								(Include trust account funding)	Information only		To be paid by Cheque	Indicate shortage with (-) negative sign				Information only				
mm/dd/yy	From	To			Line "A"	Line "B"	Line "C"	Line "D"	Do not enter data in these columns		Line "F"		Line "H"		Line "I"	Do not input any data in these columns		Line "J"	Trust Account Balance:
Office Use:																			

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mm/dd/yy	From	To			Line "A"	Line "B"	Line "C"	Line "D"	Do not enter data in these columns		Line "F"		Line "H"		Line "I"	Do not input any data in these columns		Line "J"	Trust Account Balance:
Totals:																			

TOTAL GROSS (A)	TOTAL ALLOCATION AMOUNT FOR CHARITIES (B)	TOTAL NUMBER OF EVENTS	EQUALS EACH CHARITY'S SHARE PER EVENT

Class A Hall Manager (Print Name)

Class "A" Hall Manager (Signature) *Date Completed*