



GAME OF CHANCE REPORT

ORGANIZATION: _____

Name of Contact Person: _____

Local Permit Number: _____

Date of Raffle: _____

Prizes Awarded: _____

Estimated Cost of Prizes Awarded: _____
(Donated and Purchased)

Total Expenses to Run Raffle: _____
(Include Cost of Prizes Purchased)

Proceeds from Tickets Sold: _____

Net Profit (Proceeds minus Expenses): _____

Please fill out and return to the City Office no later than ten (10) days following the date of the raffle.

**Devils Lake City Office
423 6th Street NE
PO Box 1048
Devils Lake, ND 58301-1048**