MALTA GAMING AUTHORITY

NON-PROFIT ORGANIZATION

NAME

ADDRESS

TEL

FAX

MONTH

DATE

TOTAL NB of SESSIONS:

OFFICE USE ONLY

NON-PROFIT ORGANISATION MONTHLY TOMBOLA (BINGO) STATEMENT

DATE of SESSION	PREMISES (HALL USED)	PERMIT NUMBER	OPERATING HOURS		NB of GAMES PLAYED	TOTAL CARD SOLD	SCORECARDS	TOTAL CASH	TOTAL WINNING PAID	CARDS SERIES NUMBERS	SUPERVISOR NAME		MGA ONLY
			FROM	TO			DENOMINATION				ID NB	TEL	

ORGANIZATION'S SECRETARY
SIGNATURE

** If you have more sessions please continue on a new sheet. Thank you.