

Sports Draft Financial Report

PLEASE PRINT

Name of Organization _____

Address _____

Date of final Game of Series _____ 20 _____

Date(s) Winners Declared _____

A LIST DETAILING THE NAME, ADDRESS, TELEPHONE NUMBER, TICKET NUMBER AND POINT STANDINGS FOR EACH WINNING TICKET MUST BE SUBMITTED WITHIN 14 DAYS OF THE END OF THE SERIES.

STATEMENT OF SPORTS DRAFT INCOME:

TICKETS PRINTED _____

TICKETS UNSOLD _____

TICKETS SOLD _____ X _____ = **TOTAL GROSS RECEIPTS** 1. \$ _____
SELLING PRICE PER TICKET

ACTUAL COST OF PRIZES 2. \$ _____

EXPENSES:

PRINTING \$ _____

ADVERTISING \$ _____

WAGES \$ _____

OTHER (SPECIFY) _____ \$ _____

_____ \$ _____

_____ \$ _____

LICENCE FEE (1.0% OF TOTAL RECEIPTS, LINE 1)

TOTAL EXPENSES 3. \$ _____

NET PROFIT (LOSS) (Line 1 - 2 - 3) 4. \$ _____

THIS FINANCIAL REPORT AND APPLICABLE LICENCE FEES MUST BE SUBMITTED WITHIN 60 DAYS FOLLOWING THE LICENCE EXPIRY.

<p>LOTTERY BANK ACCOUNT INFORMATION</p> <p>The receipts derived from this Sports Draft were maintained in:</p> <p style="text-align: center;">(Name and Address of Financial Institution)</p> <p>Lottery Bank Account No(s) _____</p>

NOTE: COPIES OF BANK STATEMENTS FOR THE PERIOD OF THE SPORTS DRAFT MUST BE PROVIDED.

CHEQUE REGISTER: List all cheques issued in relation to this lottery.

DATE	CK #	PAYEE	DESCRIPTION	PRIZE	EXPENSE	USE OF PROFIT
TOTALS				5 \$	6 \$	7 \$

The total in box 5 should equal the amount on line 2, page 1.
 The total in box 6 should equal the amount on line 3, page 1.
 The total in box 7 should equal the amount on line 4, page 1. If box 7 is less than line 4, page 1, then an additional disbursement list and copies of appropriate bank statements must be submitted in 30 days, at which time all funds must be paid out (as per the licence application).

SIGNATURES OF THE PRESIDENT AND ONE PRINCIPAL OFFICER ARE REQUIRED ON THIS FORM.

CERTIFICATION

WE, the undersigned, have examined the records and accounts of; _____
(Name of Organization)

with respect to the above described lottery, the information contained herein is correct to the best of our knowledge and belief, and we hereby attest that all procedures were in accordance with the terms and conditions of the licence.

DATED THIS _____ day of _____, 20 _____.

		Signature		
		Print Name		
President		Office Held		
		Address		
		Postal Code		
Bus:	Res:	Telephone	Bus:	Res:

Please enter the name and daytime telephone number of the person completing this report it is different from those shown above. Name: _____ Phone: _____