



Bingo Application Form

Review and Approval – Office Use Only

Review Date:		Rejected:	
Approved:		Bingo Rotation:	

Participant Information – Please Print Legibly

Please note we must be able to contact your group during regular business hours.

First Name:		Last Name:	
Mailing Address:			
Phone:		Email:	
Alternate Contact:		Phone:	

Sport Development Initiative and Benefit Reasons

Sport Manitoba requires that we report where revenue will be used. Please list planned program(s) and approximate amount of each program for the expenditure of the bingo revenue for the year ending Mar 31, 20__

Program:		Expenditures:	
Program:		Expenditures:	
Program:		Expenditures:	
Program:		Expenditures:	

Certification Class Selection – Please check the applicable designation

Please include the following with this application:

- ✓ *A one (1) page summary of how bingo revenues were spent in the previous year*
- ✓ *Financial Statements (for previous year) and Participation Bond – Clubs only*

Signature of Applicant:		Date:	
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Signing this application implies that _____ agrees to comply with all terms, conditions and policies established by Sport Manitoba, the Manitoba Lotteries Commission and Taekwondo Manitoba regarding bingo events and will ensure that all financial documents and receipts are kept on file.