



## CITY OF DEVILS LAKE 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.

City of Devils Lake  
PO Box 1048  
Devils Lake, ND 58301-1048