INSTRUCTIONS: 1. Print or type. Attach payment of 2. The completed application and fee 3. An Identification Number will be is	e must be mailed to:	n fee, pa	yable to "				
			IDENTIFICATION NUMBER (To be assigned)				
TO:							
NAME OF ORGANIZATION					TELEPHONE NU	MBER	
STREET ADDRESS (No. and Street)		(City or Town) (State)			(Zip Code)		
MAILING ADDRESS (Name)	(No. and Street)	(City or Town)		1)	(State)	(Zip Code)	
LIST	OF OFFICERS OF THE S	PONSOR	ING ORGANIZ	ZATION			
NAME (Last, First, Middle)	TITLE	NAME (Last, First, Middle)			TITLE		
1.		4.					
2.		5.					
3.		6.					
I, the undersigned ranking officer of subject organization, do here that all Bingo sessions operated by subject organization underegistration will be conducted in compliance with the Connecticut Statutes and with all Administrative Regulations concerning Recrebingo for Parent Teacher Associations.			er this PRINTED NAME of Ranking C		ficer		
	OA	TH					
Personally appeared the signer of th	e foregoing statement a	nd made	oath before n	ne to the m	atter contain	ed herein.	
SIGNED (Notary Public)			MY COMMISSI	MY COMMISSION EXPIRES:		DATE (Mo., Day, Yr.)	
	ATT	EST					
To the best of my knowledge ar True and correct and subject or Number. Not true or correct and subject COMMENTS SIGNED (Chief of Police or First Selectman)	ganization qualifies for	and SHC	DULD be issue	ed a registi	ration and an		
S.S.L.D (Sinci of Folice of First Selectificity)				DA. L (1810., D	~y, ''./		

DATE (Mo., Day, Yr.)

APPLICATION FOR REGISTRATION AMUSEMENT &

IS APPROVED

RECREATION BINGO FOR A PARENT TEACHER ASSOCIATION