



# CG-NPA, NON-MEMBER PARTICIPATION APPROVAL

State Form 53656 (R / 6-11)  
INDIANA GAMING COMMISSION

**For Official Use Only**

Date received \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
Date reviewed \_\_\_\_\_  
Date approved \_\_\_\_\_

Name of qualified organization holding the licensed event (as appears on CG-QA Qualification Application)	Federal Identification number (FID)
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Address (number and street)

City	State	ZIP code	County
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Type of allowable event	License number (if approved)	Event date (month, day, year)
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Daytime telephone number ( )	Please include extension number	Organization Fax number ( )
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Signature of Presiding Officer (officer of organization holding event)	Print name and title	Date (month, day, year)
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Signature of Secretary	Print name	Date (month, day, year)
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**Full legal name of individual (non-member) wishing to participate in the above mentioned event (type or print)**

Date of birth (month, day, year)	Driver's License number or State Identification number
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\_\_\_\_\_

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Participant's signature	Participant's printed name	Date (month, day, year)
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**Name of qualified organization where individual is currently a member (as appears on CG-QA Qualification Application)**

Address (number and street)	City	State	ZIP code
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Federal Identification number (FID)	Daytime telephone number ( )	Please include extension number	Organization Fax number ( )
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Signature of Presiding Officer (of participant's organization)	Print name and title	Date (month, day, year)
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Signature of Secretary	Print name	Date (month, day, year)
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Will proceeds from the allowable event be shared with non-members' qualified organization?  Yes  No

If yes, list amount of proceeds from the allowable event to be distributed to non-members' qualified organization: \_\_\_\_\_

**For Commission Use Only**

This form is not valid unless signed and stamped by the Commission.  
The approval is only for the license number listed.

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