



# Guessing Game - Event Summary Report

State Form 54732 (6-11)  
INDIANA GAMING COMMISSION

Prepared By: \_\_\_\_\_  
*First and Last Name*

(1) Organization Name		(2) Event Date <i>(mm/dd/yy)</i>	
(3) Address of Event	(4) City	(5) State	(6) ZIP Code
(7) License Number		(8) Operator in Charge	

## Part 1 GUESSING GAME

(9) Description of Guessing Game	(10) Number of Guesses Sold	(11) Amount per Guess	(12) Gross Income	(13) Cash Payout	(14) Net Income	(15) Prize-Item Description / *Value **Cost If prizes are donated, indicate donated.
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
<b>Totals</b>			12(a) \$	13(a) \$	14(a) \$	

**\*The value of prizes must be determined by the fair market retail value.**  
**\*\*The cost of prizes must be supported with a receipt.**  
**Net Income is the amount to be deposited in your Charity Gaming Checking Account.**

Prepared By: \_\_\_\_\_  
*First and Last Name*

Event Date: \_\_\_\_\_  
*(mm/dd/yy)*

### Guessing Game - Operator and Worker List

Name <i>First and Last Name</i>	DLN / ID	Assigned Duties for this Event <i>(check all that apply)</i>	Operator or Worker <i>(check one)</i>	Member and/or Employee <i>(check all that apply)</i>
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee
		<input type="checkbox"/> Selling <input type="checkbox"/> Determining winner <input type="checkbox"/> Other <i>(Please describe)</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Worker	<input type="checkbox"/> Member <input type="checkbox"/> Employee

Reminder: **All Operators** must be listed on the license.