

Small Games of Chance (SGOC) Request Form

Date:

Name of Organization:

SGOC Coordinator:

MU Advisor responsible for SGOC oversight, if not the coordinator:

Coordinator/Contact phone:

SGOC Description:

Purpose and benefit of SGOC:

Municipality(s) within PA where sales will take place:

Date(s) the SGOC will run:

Date, time & location of drawing:

Price per chance:

Number of Chances to be offered:

Cash value of all prizes:

(Please attach a copy of the proposed ticket for approval)

Event Coordinator/Employee Signature

Date

V.P of Administration & Finance or Designee

Date

**All information should be completed and this form returned to the CCSI office, 226 Alumni Hall Student Center.
Application processing could take up to two weeks.**