

Charitable Gambling Fund #34759
Rochester Minnesota Amateur Sports Commission
Request for funds application

Name of Organization: _____

Organizations address: _____
(address, city, state, zip code)

Organizations phone number: _____

Name of person submitting application: _____

<u>Type of Organization/Activity:</u>	<u>Amount Requested:</u> \$ _____
_____ Governmental (complete LG 503)	_____ Scholarship Fund
_____ 501 (C) (3) Organization	_____ Recreation or athletic activity
_____ Individual / Family	_____ Religious Organization

Description of how the donation will be used:

Signature of applicant: _____

Date: _____

Print name: _____

Gambling Committee response (for office use only):

Approved _____ Disapproved _____

Amount Approved: \$ _____ Date Approved: _____

Check #: _____ Amount of Check: _____ Date Written: _____

Signature of the Chief Executive Officer: _____ Date: _____
