



Principal Contacts

Name of Organization

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Bingo Coordinator **

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| Name: | |
| E-Mail: | |
| Phone: | |
| Date Form Submitted: | |

Volunteer Coordinator (schedules Volunteers for Charity Assignments, if different from above)

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|---------|--|
| Name: | |
| E-Mail: | |
| Phone: | |

President / Chair of Organization **

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| Name: | |
| E-Mail: | |
| Phone: | |

Treasurer of Organization **

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| Name: | |
| E-Mail: | |
| Phone: | |

**** Different Names must be used for the Bingo Coordinator, President/Chair and Treasurer**