



**CITY OF DEVILS LAKE
GAME OF CHANCE REPORT**

Organization: _____

Name of contact person: _____

Local permit number: _____

Date of raffle: _____

Prizes awarded: _____

Estimated cost of prizes awarded: _____
(Donated and purchased)

Total expenses to run raffle: _____
(Include cost of prizes purchased)

Proceeds from tickets sold: _____

Net profit (proceeds minus expenses): _____

Please fill out and return to the City Office no later than ten (10) days following the date of the raffle.

City of Devils Lake
PO Box 1048
Devils Lake ND 58301