



**GAMBLING CONTROL UNIT
BEANO/BINGO
WINNER TAKE ALL ROUND REPORT
MGCU - 5700**

Organization Name: _____ **Organization Number:** _____

Registration Number: _____

Date of Game: _____ **S M T W TH F SA**

Total Receipts:.....\$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Total of Prizes:\$ _____

Date of Game: _____ **S M T W TH F SA**

Total Receipts:.....\$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

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Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Total of Prizes:\$ _____

Date of Game: _____ **S M T W TH F SA**

Total Receipts:.....\$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Total of Prizes:.....\$ _____

Date of Game: _____ **S M T W TH F SA**

Total Receipts:.....\$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____

Total of Prizes:.....\$ _____

Total Receipts (This Page): \$ _____

Total Receipts (This Page): \$ _____

Date of Game: _____ S M T W TH F SA
Total Receipts:.....\$ _____
 Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____
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Total of Prizes:\$ _____

Date of Game: _____ S M T W TH F SA
Total Receipts:.....\$ _____
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Total of Prizes:\$ _____

Date of Game: _____ S M T W TH F SA
Total Receipts:.....\$ _____
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Total of Prizes:\$ _____

Date of Game: _____ S M T W TH F SA
Total Receipts:.....\$ _____
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 Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____
 Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____
 Check # _____ Amount: \$ _____ Check # _____ Amount: \$ _____
Total of Prizes:\$ _____

Grand Total of Receipts: \$ _____

Grand Total of Prizes: \$ _____

Note: Grand Total of Receipts Must Equal Grand Total of Prizes

ATTACH THIS FORM TO THE DISPOSITION OF FUNDS REPORT