

**We are updating records about
your Bingo for the web-site
Please complete and return soon as possible.**



License # _____ is your account number.

Organization name: _____

Street Location of bingo: _____

City, zip code: _____

Hall phone number: _____

What day is bingo played: _____ ?

Doors Open at: _____

Start selling at: _____

Our regular bingo starts at: _____

Do you have a progressive game Yes___ / No___? If so what's the limit you pay out? \$ _____

Do you sell special event tickets? (Such as horse races) Yes___ or No___

Is food available? Yes ___ No ___

Are drinks available? Yes ___ No ___

Contact person: _____

Phone #: _____

Please furnish an e-mail address: _____

Do you have a web-site? If so please list _____

Several members said their attendance has increased since being listed on the ACGM web-site.

Review your Bingo information by visiting:
www.mobingo.org

Send to:
Kevin Gurlen
ACGM Web-Site Manager
210 Dusty Rose Drive
O'Fallon, MO 63368