THE CONFEDERATED SALISH & KOOTENAI TRIBES

Tribal Gaming Commission Charitable Gaming Permit Request

Today's Date					2 July 12 July 1997
Organization Informa	tion				ATHEAD RES
Group/Organization I	Name:				
Non-Profit 501 Other	L(c)(3)#	Relig	ious	Medical	School
Contact Information					
Name					
Address					
City		Montana	Zip		
Email		Phon	e		
Charitable Gaming Inf	ormation				
Raffles	50/50's	Both	One Time Ev	ent Date	
Multiple Event	s (over a period of t	ime): Begir	1	End	
Purpose & number of people to benefit:					
Please submit the reques as well. Results must be ** Applications can be su and drop it off at the Gar street from Dairy Queen	submitted at the end of ubmitted via email at ga ming Commission office	f your event. Faming@cskt.or e located at 5 T	ailure to comply i g or also by fax a errace Lake Roac	may result in deni t 676-4264. You n I (brown Sr. Citize	ial of future requests. nay also print this form n building across the
Mailing Address: CSKT	Gaming Commission *	*PO Box 278**	' Pablo, MT 5985	5	
To Submit form via emai	I save a copy to your co	mputer then a	ttach the docum	ent to an email to	gaming@cskt.org
Gaming Commission Use	ONLY below line:				
Date	Appro	ved	Denied		
Approval Signature:			Perm	it#	