

**CHARITABLE GAMES  
SPECIAL TUITION RAFFLE  
QUARTERLY REPORT**

CGF-12 Rev. 09/12

STATE OF CONNECTICUT  
**Department of Consumer Protection**  
Accounting and Gaming Auditing  
165 Capitol Avenue  
Hartford, CT 06106-1630  
E-mail: DCP.Accounting@ct.gov  
Website: www.ct.gov/dcp



**INSTRUCTIONS:**

1. An officer or administrator of the sponsoring organization must complete the report.
2. This report must be filed on a quarterly basis, by the last day of the months of January, April, July and October, for the preceeding quarter ended until the tuition prize has been paid. **NOTE:** In the event an organization's Special Tuition Raffle offers multiple prizes and has multiple prize winners, a separate report must be completed for each prize winner.
3. The completed report and a copy of the organization's most recent bank statement (if applicable) for the account with the prize money must be mailed to the Department of Consumer Protection, Gaming Auditing, at **165 Capitol Ave, Hartford CT 06106-1630.**

NAME OF ORGANIZATION		PERMIT NUMBER	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)

RAFFLE DATES		TOTAL PRIZE VALUE	
COMMENCING: / /	TERMINATING: / /	\$	
NAME OF PRIZE WINNER		TELEPHONE NUMBER	
ADDRESS OF PRIZE WINNER (No. and Street)	(City or Town)	(State)	(Zip Code)

**DEDICATED CHECKING ACCOUNT INFORMATION (account in which all tuition raffle proceeds were deposited and all expenses paid)**

NAME OF BANK OR LENDING INSTITUTION		TELEPHONE NUMBER	
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
		ACCOUNT NUMBER	

**AGGREGATE PRIZE SECURITY (please choose one of the following)**

<input type="checkbox"/> Certificate of Deposit with DCP named as payee	<input type="checkbox"/> Money Market Account with DCP named as payee	<input type="checkbox"/> Other, with approval of DCP
NAME OF BANK OR LENDING INSTITUTION		TELEPHONE NUMBER
ADDRESS (No. and Street)	(City or Town)	(State) (Zip Code)
		ACCOUNT NUMBER

**STUDENT RECIPIENTS DESIGNATED (one or more students may be designated)**

1. NAME OF STUDENT RECIPIENT (first, middle, last)		TELEPHONE NUMBER	
ADDRESS OF STUDENT RECIPIENT (No. and Street)	(City or Town)	(State) (Zip Code)	DATE DESIGNATED
2. NAME OF STUDENT RECIPIENT (first, middle, last)		TELEPHONE NUMBER	
ADDRESS OF STUDENT RECIPIENT (No. and Street)	(City or Town)	(State) (Zip Code)	DATE DESIGNATED
3. NAME OF STUDENT RECIPIENT (first, middle, last)		TELEPHONE NUMBER	
ADDRESS OF STUDENT RECIPIENT (No. and Street)	(City or Town)	(State) (Zip Code)	DATE DESIGNATED

