



RCG-2 List of Charitable Games Workers

Read this information first

In order for the individuals listed in Step 3 to participate in the management or operation of your charitable games events, all requested information must be complete, and we must receive this form at least 14 days prior to the earliest event date listed in Step 2. In addition, the president and secretary listed on Form RCG-1, Charitable Games Application for License, must sign this form.

Step 1: Identify your organization

Organization name: _____ Charitable games license number: **CG** - _____

Step 2: Identify the event dates

This charitable games workers list is for the following charitable games event dates:

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

____ / ____ / ____
Month Day Year

Step 3: Identify those who will participate in your events

List below the members, employees, or volunteers of your organization who will participate in the management or operation of your charitable games events. If more than 20 individuals will be participating in such activities, additional Forms RCG-2 must be completed. Setting up, cleaning up, selling concessions, working in the kitchen, or providing security for persons or property does not constitute participation in the management or operation of a charitable games event.

Note: The following individuals are ineligible to work charitable games events: professional gamblers, persons who have been convicted of a felony within 10 years of the date your Form RCG-1, Charitable Games Application for License, was filed, persons who have been convicted of any violation of Article 28 of the Criminal Code of 1961, or persons who are employed by or have any interest in any person, firm, or corporation that holds a charitable games provider's or supplier's license.

1 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

5 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

2 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

6 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

3 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

7 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

4 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

8 _____
Name

Number and street

____ City _____ State _____ ZIP
____ - ____ - ____ ____ / ____ / ____
Social Security number Date of birth

Step 3: Identify those who will participate in your events (continued)

CG - _____

9 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

15 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

10 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

16 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

11 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

17 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

12 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

18 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

13 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

19 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

14 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

20 _____
Name _____

Number and street _____

City State ZIP
_____-_____-_____
Social Security number _____ / _____ / _____
Date of birth

Step 4: Sign below

I hereby certify under penalties of perjury that the individuals listed above are bona fide members, volunteers, or employees of the licensed organization; that none of them have participated in the management or operation of more than 12 charitable games events within the calendar year; and that none of them will receive any remuneration or compensation directly or indirectly for participating in the management or operation of any charitable games event conducted by the licensed organization.

President's signature _____

Date ____ / ____ / ____

Secretary's signature _____

Date ____ / ____ / ____

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.