



MISSISSIPPI GAMING COMMISSION BWR COVER SHEET



CHECK ONE: INITIAL MONTHLY AMENDED

LOCATION NUMBER:	LICENSEE NAME:	DATE SUBMITTED: <small>Click here to enter a date.</small>
REPORTING PERIOD:		<input type="checkbox"/> NO REPORTABLE MONTHLY ACTIVITY

REF.#	LAST NAME, FIRST NAME	TOTAL OF SPORTS WAGERS	TOTAL OF NONPARI-MUTUEL RACE WAGERS	TOTAL OF SPORTS PAYOUTS	TOTAL OF NONPARI-MUTUEL RACE PAYOUTS
1					
2					
3					
4					
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38					
39					
40					
SUBMITTED TOTALS					

REPORT SUBMITTED BY/TITLE _____

TELEPHONE NUMBER _____

DATE _____