



MISSISSIPPI GAMING COMMISSION
BWR COVER SHEET
 (CONTINUATION)



CHECK ONE: INITIAL MONTHLY AMENDED

LOCATION NUMBER:	LICENSEE NAME:	DATE SUBMITTED: Click here to enter a date.
REPORTING PERIOD:		

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
PRIOR SHEET	TOTALS ONLY →				
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
SUBMITTED TOTALS					

REPORT SUBMITTED BY/TITLE _____ TELEPHONE NUMBER _____ DATE _____