

QUARTERLY JUNKET REPRESENTATIVE REPORT

Name of Casino: _____ Junket Coordinator: _____

Contact Phone Number: _____ Email address: _____

Region: Central Region Northern Region Southern Region

Quarter: First (Jan-Mar) Second (Apr-June) Third (July-Sep) Fourth (Oct-Dec) of Year 20____

Junket's current relationship status Active Inactive

Name of Junket Representative _____

Complete Mailing Address _____

City State Zip Code

Junket Permit # _____ Junket Permit Expiration date _____

Gaming Work Permit # _____ Work Permit Expiration date _____

Total compensation paid in the quarter _____

Total number of preferred guests _____

Arrival Date	Departure Date	Name of accompanying representative	Gaming Work Permit Number	Number of Guests	Total Compensation Paid

CASINO JUNKET COORDINATOR

DATE