## QUARTERLY JUNKET REPRESENTATIVE REPORT

Name of Casino:			Junket Coordinator:		
Contact Phone Number:			Email address:		
Region:	Central	Region 🗌 Northern Reg	gion 🗌 Southern Re	gion	
Quarter:	☐ First (Jan-1	Mar) Second (Apr-June)	hird (July-Sep) Fourth	(Oct-Dec) of Yo	ear 20
Junket's	current rel	ationship status	Active Inac	etive	
Name of	Junket Rep	oresentative			
Complete	- Mailing Ac	ldress			
		City Junket	State	Zip ate	Code
Gaming Work Permit # Work Permit Expiration date					
Total con	npensation	paid in the quarter			
Total nur	nber of pre	ferred guests			
Arrival Date	Departure Date	Name of accompanying representative	Gaming Work Permit Number	Number of Guests	Total Compensation Paid
		•			1 did
CASINO .II	JNKET COO	RDINATOR	DATE		