STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
www.fgcc.fl.gov

CARDROOM LICENSEE________________________ MONTH____________ YEAR ____________

Jackpot Type						
Date	Beginning Balance	Add in by Track +	Addition to Jackpot from Wagering +	Jackpot paid During this Event -	Ending Balance =	Check #

By signing/typing your name, you represent the permitholder for which the attached reports are being made, being duly sworn and deposed, say that this report, including any enclosed pages, have been examined by you and are to the best of your knowledge, a complete report made in good faith, pursuant to Florida Statute.

______________________ ______________________ ______________________ ______________

NAME (Please Print) TITLE (Please Print) SIGNATURE DATE