



ST HELENS
BOROUGH COUNCIL

Gambling Act 2005 Paragraph 39, Schedule 11 Small Society Lottery Returns Form

FORM TO BE COMPLETED IN BLOCK CAPITALS. ALL SECTIONS MUST BE COMPLETED.

1. SOCIETY DETAILS

Full Name of Society: _____

Address of Society

Postcode: _____

Lottery Registration Number: _____ Contact Name: _____

Email Address: _____

2. PROCEEDS OF THE LOTTERY

Tickets Available		Date of lottery draw	Value of prizes (incl. donated) £	Total proceeds of ticket sales £	Expenses £	Proceeds allotted to (name of benefiting organisation) £ (must be at least 20%)
To	From					

3. OTHER EXPENSES

Please declare below any expenses paid for by means other than out of the proceeds of the lottery and confirm who paid these expenses.

4. DECLARATION

We hereby confirm that we are members of the said society and have been duly authorised in writing by the governing body of the said society.

Signed: _____ Date: _____

Signed: _____ Date: _____