State of Nevada





Gaming Control Board

BWR Cover Sheet

Check One: **[ ]  Initial Monthly** **[ ]  Amended**

|  |  |  |
| --- | --- | --- |
| Location Number: | Licensee Name: | Date Submitted: |
|       |       | Click here to enter a date. |
| Reporting Period: | [ ]  NO REPORTABLE MONTHLY WAGERS |
|       |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Ref.# | Last Name, First Name | Monthly Total of Sports Wagers | Monthly Total of Nonpari-Mutuel Race Wagers |
| 1 |       |       |       |
| 2 |       |       |       |
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| 37 |       |       |       |
| 38 |       |       |       |
| 39 |       |       |       |
| 40 |       |       |       |
|  | Submitted Totals |       |       |
| Page 1 of  |
|  |
|       |  |       |  |       |
| Report Submitted by/Title |  | Telephone Number |  | Date |