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