

Affidavit of Cancellation

Division of Charitable Solicitations and Gaming

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2555

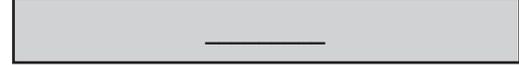
Fax: 615-253-5173

sos.tn.gov/charitable



Tre Hargett
Secretary of State

For Office Use Only



Instructions: This form must be signed before a notary and filed with an annual event application.

1. I am the chairman, president or chief administrative officer of the following organization.

Name of Organization

Physical Address

2. Our previously scheduled annual event which was approved by the TN General Assembly has been cancelled.

Date of event: _____ Location: _____

3. The cancellation is due to _____

4. The organization has has not commenced the sale of tickets, shares, chances, or similar records. Note: If sales have commenced, the organization is required to file an accounting of tickets sold, refunds made and ticket proceeds remaining within ninety (90) days of cancellation of an event.

5. A full refund is being offered: Yes No

State terms of refund: Refunds must be available for 90 days

6. The address to submit a refund claim is: (Please print clearly) _____

7. I understand that I am not allowed to submit a new application or to conduct an annual event during the remainder of this annual event period.

I certify that the above information is true and accurate.

Signature of Authorized Officer: _____

Date: _____ First Name: _____ Last Name: _____

Position Title: _____

Notary Public

My Commission Expires _____

State of Tennessee, County of _____

Sworn to before me this _____ day of _____, 20 _____

Signature _____