



Northern California Regional Service Office
of Narcotics Anonymous

NCRSO SPECIAL EVENT INSURANCE PACKET

Includes: NCRSO Insurance Information
NCRSO Insurance FAQ's
NCRSO Request for Insurance Certificate
Supplemental Application
Special Event Questionnaire
NCRSO Waiver Form
Raffle Information

Please feel free to make copies of any documents contained within this packet

INSURANCE INFORMATION

SPECIAL EVENTS

Anytime we have an event that is not simply a recovery meeting (standard recovery meeting is (daily, weekly, bi-weekly, monthly, etc.) and/or it is included in the local NA schedule., or goes over the maximum amount of people allowed by our policy (currently 900), or goes on for an extended period of time, (more than one day), you are required to advise the NCRSO Special Worker who will then discuss it with the insurance company so a determination can be made regarding the need for any further coverage.

Special events are typically defined as follows:

- “Fun” or “special” events such as but not limited to dances, pancake breakfasts, spaghetti feeds, golf tournaments, campouts, hikes, softball games, unity days, area conventions, holiday marathons.

The nature of some events may not allow for coverage under the standard regional insurance policy and may require (at the events cost) a separate policy

These policies may cost a significant amount of money. Fees are based on:

1. Number of attendees.
2. Risky behavior such as water events, motorcycle events etc.
3. Length of time, depending on amount of attendees.

Groups are reminded that they can pursue their own coverage for these special events. However, the insurance brokerage used by the NCRSO will also provide this service under the following conditions:

1. Completion and submission of a “Request for Insurance Certificate”, “Supplemental Application” and “Special Event Questionnaire” along with appropriate payment to the RSO (made payable to NCRSO). (Copies enclosed in packet)

Please submit payment at least 30 days prior to the event. See processing fees below:

- If the forms are received 30 days or more prior to event – a payment of \$25 is required with the forms
- If the forms are received LESS than 30 days prior – an “expediting fee” of \$25 will be added to the \$25 certificate fee, for a total of \$50
- If the forms are received LESS than 15 days prior – an “expediting fee” of \$50 will be added to the \$25 certificate fee, for a total of \$75
- Payment of any additional fees will be required before the event.

BABYSITTING

The insurance company understands that there is sometimes a need for babysitting while members are attending events. In the event you must have babysitting the following is suggested:

1. The ratio should be one adult (person over 18) to every 4 children, but should never be less than 2 adults.
2. No babysitter should feed, change diapers, or assist in the restroom.
3. If an event will be longer than one hour, the parent/adult is required to check on the child, take them to the bathroom, etc.
4. Controls need to be implemented so that a stranger cannot come in and walk off with someone’s child. i.e.:

a form should be signed by the parents, indicating the child's name and time dropped off. When they pick up the child, the form is signed again with the time they picked up the child.

5. A document is given to the parent/adult indicating that NA does not provide any food/drinks and they do not change diapers or accompany children to the restroom. Also note the one hour time limit for checking on the child(ren) and that the parent/adult is required to return promptly after the event to collect the child. This is for the safety of the babysitter and the children.
6. At least one (1) children care volunteer should be trained in CPR.

PETS ARE NOT ALLOWED

Our policy DOES NOT provide coverage for pets of any kind at meetings. The only exception is if a person needs the assistance of a service animal as defined in the Americans with Disabilities Act (see below).

THE TEXT OF THE REVISED TITLE III REGULATIONS OF THE AMERICANS WITH DISABILITY ACT, Part 36 Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities (as amended by the final rule published on September 15, 2010) § 36.104 Definitions

Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_integrated.htm

The presence of ANY animal not meeting the ADA definition of "Service Animal" could cause a claim to be denied by our insurance company.

By paying careful attention to the information provided in this document, groups can help insure the financial welfare of Narcotics Anonymous by avoiding unnecessary legal conflicts.

Any insurance related question left unanswered by this document should be addressed by your RCM or the RSC Secretary but can be addressed via email at rsosw@norcalna.org or to the NCRSO Special Office Worker at (707) 422-9234



FOR OFFICE USE ONLY

Producer: Broker: _____

Account Information: _____

Applicant Name: _____

Address: _____ Web site: www. _____

Contact person (Billing): _____ Contact person (Loss Control): _____

Effective dates requested: _____ Event gross revenue: \$

For Profit: _____ Individual: _____ Other: _____

Years this entity in business: _____

E-mail Address: _____

Partnership: _____

Association: _____

Phone: _____

Corporation:

Non Profit:

Years experience of this owner: _____

Has the Applicant had any claims filed against it in the last four (4) years? Yes No

If yes, please provide details: _____

1. Description of event:

2. Date(s):

Times:

(Attach brochure or promotional materials if applicable.)

Total number of attendees:

Number of attendees per day:

Total number of volunteers:

Number of volunteers per day:

Revenue generated:

Admission fees \$

Liquors sales(NA)

Food sales \$

Merchandise \$

3. Is alcohol being served? (NA)

If yes, by whom? (NA)

Has server provided evidence of liquor liability insurance? (NA)

Is Liquor Liability coverage desired? (NA)

Name of Venue:

Address of Venue:

Seating:

Capacity:

Seating type: permanent grandstands temporary bleacher

Number of exhibitors:

Who is providing security at venue?

If private firm, they must have insurance and name you as an Additional Insured.

Describe the safeguards in place to prevent injury to spectators:

Describe first aid/medical arrangements:

4. Is the event limited to venue grounds? KW @a If no, provide details:

5. Swimming: Yes No

If yes, are certified lifeguards on duty? Yes No

Are they CPR trained? Yes No

Are certificates received by insured? Yes No

6. Athletic Events Yes No

If Yes, is atheletic participant coverage desired? Yes No

7. Performers Yes No

If yes, please list all performers:

Are you required to provide certificates of insurance to any other entity? Yes No
 If yes, please provide names of certificate holders and their interest?

8. Is the Applicant required to provide certificates of insurance to any other entity? Yes No
 If yes, are you required to name that entity as additional insured? Yes No
 If yes, provide the names of all certificate holders and their interests:

9. Are any of the following present at the event?

Amusement rides ,	Yes	No	Animal rides,	Yes	No	4S ^{aa} D[W] KW	No
Circus Climbing Walls, KW		No	Demolition Derby, KW		No	Fireworks, KW	No
Food Vendors, KW		No	Haunted Houses, KW		No	Hay ride, KW	No
Inflatables (bounce houses, etc.) KW		No				Petting Zoos, Yes	No
Tractor Pulls ,	Yes	No					

If yes please describe:

10. Other comments:

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY

MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO ALASKA RESIDENTS APPLICANTS: “A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.”

NOTICE TO ARKANSAS RESIDENT APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA RESIDENTS APPLICANTS: “ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY “MATERIALLY” FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.”

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE RESIDENTS APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

RESIDENTS OF MARYLAND APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

RESIDENTS OF MINNESOTA APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

RESIDENTS OF NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

RESIDENTS OF NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY"

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW"

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

"FOR OFFICE USE ONLY

_____ Insured Signature Date
Title

_____ Producer Signature Date



Planning to Hold a Raffle at Your Event?

First, thank you for getting proper Insurance coverage for your upcoming NA Event. Doing so helps protect your group and NA as a whole!

We know that many NA events hold RAFFLES to raise money. If you are not holding a raffle at your event, the following information does not apply to you at this time (but we do suggest you read it for future use). If you are planning to have a raffle:

There are some very important things to keep in mind:

50/50 Raffles are ILLEGAL

No more than 10% of the proceeds can be used as a prize. This means if you sell (50) tickets at \$1/each for a total of \$100 in proceeds, the prize can be no more than \$10. Ninety percent (90%) of the proceeds must be retained by the group/committee to be used to fund NA.

If you purchase a prize to donate, the cost of that prize cannot be more than 10% of the total ticket sales. For example, if you spend \$100 for a Registration Packet to the World Convention as a raffle prize, you must take in \$1,000 in ticket sales.

If the prize is “donated,” none of this applies!

There is some paperwork to do after the Raffle:

A Non-profit Raffle Report Form (CT-NRP-2) must be filled out and sent to the Regional Service Office immediately following the event. Mail it to NCRSO Special Worker, 1820 Walters Court, Suite A-1, Fairfield, CA 94533 or fax it to (707) 422-9128. We have attached a copy of this form for your use. You can also get a copy at http://ag.ca.gov/charities/forms/raffle/nrp_2.pdf. You do not need to complete the right side of Section A (Raffle Registration Number, Federal Tax Identification Number/Employer Identification Number, Corporate Number: Organization Number: Charitable Trust Number). The RSO will complete this information.

Failure to follow these guidelines can jeopardize the Non-Profit Status of the Northern California Region of Narcotics Anonymous.

If you have any questions or need assistance, please call the RSO Special Worker at (707) 422-9234 or email rsosw@norcalno.org. Thank you for helping us to remain legal and keep our non-profit status safe.

Enclosure: NONPROFIT RAFFLE REPORT (CT-NRP-2)