

Group Play Agreement Form



Name of group: _____ Share per group member: _____ Cut-off time for payment: _____

Game: _____ Draw date: _____ Jackpot amount: _____

| Full Name (First, Last) | City | Email Address | Signature | Phone # | \$ | Paid |
|-------------------------|------|---------------|-----------|---------|----|--------------------------|
| 1. | | | | | | <input type="checkbox"/> |
| 2. | | | | | | <input type="checkbox"/> |
| 3. | | | | | | <input type="checkbox"/> |
| 4. | | | | | | <input type="checkbox"/> |
| 5. | | | | | | <input type="checkbox"/> |
| 6. | | | | | | <input type="checkbox"/> |
| 7. | | | | | | <input type="checkbox"/> |
| 8. | | | | | | <input type="checkbox"/> |
| 9. | | | | | | <input type="checkbox"/> |
| 10. | | | | | | <input type="checkbox"/> |
| 11. | | | | | | <input type="checkbox"/> |
| 12. | | | | | | <input type="checkbox"/> |
| 13. | | | | | | <input type="checkbox"/> |
| 14. | | | | | | <input type="checkbox"/> |
| 15. | | | | | | <input type="checkbox"/> |

Thank you for playing. Good luck!

Should your group win any prize over \$10,000 please fill out the [Group Prize Agreement Form](#).

Disclaimer. This Lottery Group Play Form is made available by BCLC solely for the convenience of lottery group players. BCLC assumes no responsibility for the entitlement to any prize of any group or group member. Prize claims are subject to applicable lottery rules and BCLC's prize claim process. All group members may be required to attend in person to claim major prizes. All group members must be 19 years of age or older.

Group Play Agreement Form



| Full Name (First, Last) | City | Email Address | Signature | Phone # | \$ | Paid |
|-------------------------|------|---------------|-----------|---------|----|--------------------------|
| 16. | | | | | | <input type="checkbox"/> |
| 17. | | | | | | <input type="checkbox"/> |
| 18. | | | | | | <input type="checkbox"/> |
| 19. | | | | | | <input type="checkbox"/> |
| 20. | | | | | | <input type="checkbox"/> |
| 21. | | | | | | <input type="checkbox"/> |
| 22. | | | | | | <input type="checkbox"/> |
| 23. | | | | | | <input type="checkbox"/> |
| 24. | | | | | | <input type="checkbox"/> |
| 25. | | | | | | <input type="checkbox"/> |
| 26. | | | | | | <input type="checkbox"/> |
| 27. | | | | | | <input type="checkbox"/> |
| 28. | | | | | | <input type="checkbox"/> |
| 29. | | | | | | <input type="checkbox"/> |
| 30. | | | | | | <input type="checkbox"/> |
| 31. | | | | | | <input type="checkbox"/> |
| 32. | | | | | | <input type="checkbox"/> |

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