

PLAYER'S BONUS CLUB

MEMBERSHIP

Name Last _____ First _____ M _____
Mailing Address _____
City _____ State _____ Zip-code _____
Birthday (year not necessary if of legal age) _____ Phone # _____
ID # _____ St _____ Expires _____
Mail List Yes _____ No _____
PIN Code (up to 7 digit or alpha) _____
IT'S THE PLAYER'S RESPONSIBILITY TO REMEMBER THEIR PIN CODE



A Bonus Club member must be of legal gambling age. If you live with or are related to any current employee of this casino, please check here (_____) and list their names(s) on the back of this card. Failure to provide complete and accurate information may lead to cancellation of your membership. Your membership is non-transferable, and you are the only person who may use this membership or your pin code. Use of your pin code indicates your acceptance of all Bonus Club Rules as now adopted or later amended.

I agree to the rules of the Player's Bonus Club.

Signature _____ Date _____

RECEIVED BY (EMPLOYEE SIGNATURE) _____

*If you will be cashing personal checks with us additional information will be required.

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