

## **Gaming Activity Request Form**

Name:	
Rewards Card Number:	
Date of Birth:	
Email Address:	
Mailing Address:	
City/State/Zip:	
Is this a change of address? ☐ Yes ☐ No	
Telephone:	
gaming activity derived from the above referenced account. I respective past and present agents, employees, managers, reporganizations, and companies, from any and all suits, causes o	☐ Summary of Tax Forms ☐ Individual Tax Forms umber:
Account Holder's Signature	Date
notarized and a photo copy of your valid ID must be included	sent by mail, email or fax, Account Holder's signature must be with your request. Only Account Holder may receive or request a slid Government issued photo ID (front & back) acceptable to Gun
on the day or, 20	NOTARY PUBLIC

Gun Lake Casino: Gaming Activity Request 1123 129<sup>th</sup> Ave, Wayland MI 49348 FAX 269.792.7718

win.loss@gunlakecasino.com

GUN LAKE CASINO USE ONLY			
Type of Valid ID Verified (Driver's License, Passport, etc.)	ID Number	Verifier's Signature and Date	