

## 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. respective past and present agents, employees, managers, re organizations, and companies, from any and all suits, causes expenses which I, or my administrators, executors, agents, as request or as a result of this request.	
Account Holder's Signature is Required Below	
Account Holder's Signature	Date
notarized and a photo copy of your valid ID must be include	sent by mail, email or fax, Account Holder's signature must be did with your request. Only Account Holder may receive or request a ralid Government issued photo ID acceptable to Gun Lake Casino in its
SUBSCRIBED AND SWORN TO before me	
on the day of, 20	NOTARY PUBLIC
	MOTALLY OBLIG

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

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	