

PLEASE PRINT CLEARLY

You will need to pick up your card at the POS booth in the Bingo Hall

Players Club Card Application	
Are you applying for: New Card Replacement Card	
Please check here if you are only updating your information:	
Date:	SS#: (optional)
Last Name:	First Name:
Address:	City:
State:	Zip Code:
Email Address:	
Phone Number:	Birthdate:
Anniversary:	☐ Male or ☐ Female
Drivers License #:	State:
Or State ID #:	State:
OFFICE USE ONLY	
Players Card #:	
Entered By:	
Date and Time Entered:	
Previous Acct #:	

Please see other side for rules and conditions