



*Sagaming
Eagles Landing
Casino®*

SAGANING EAGLES LANDING CASINO
ANNUAL ACTIVITY REPORT REQUEST FORM

PLAYER NAME _____

PLAYER ID# _____

DATE OF BIRTH _____

CURRENT ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE () - _____

YEAR(S) REQUESTED: _____

PATRON SIGNATURE _____

DATE SIGNED _____