



Players' Club Application

Name _____

Address _____

City _____ State _____

Zip _____ Phone No. () _____

Driver's License Number _____

State _____ Expiration Date _____

Birthday _____

Anniversary _____

Spouse's Name _____

Would you like to receive coupons or mail about our special events?

- Yes No Yes by email

Email Address _____

How did you arrive at the Golden Eagle Casino?

- RV Auto Bus Limo Shuttle Motorcycle

Do you enjoy gaming tournaments?

- Slots Poker Craps Roulette All Games

What is your favorite type of music?

- Old Country New Country Oldies Rock Classical Jazz Top 40

How did you hear about the Golden Eagle Casino?

- TV Radio Newspaper Billboard Website Friend

Name of Station or Newspaper _____

I affirm the above answers are true to the best of my knowledge with no fraudulent intent.

Signature _____