



**Player's Club
Membership Application**

** Minimum required information to be processed - all other optional*

*Name: _____

*Mailing Address: _____

*City: _____

*State: _____ *Zip Code: _____

*Birthdate: _____ *Phone Number: _____

Wedding Anniversary Date: _____

Social Security Number: _____

Male: _____ Female _____ Email Address: _____

Please fill out the following questions to help us plan for events and benefits. Mark only one item per question.

What is your favorite game?

- _____ Slots
- _____ Blackjack
- _____ Poker
- _____ Blackjack and Poker
- _____ Slots and Blackjack
- _____ Poker and Slots
- _____ Everything!

What is your favorite pastime?

- _____ Bowling
- _____ Hunting/Fishing
- _____ Car Races
- _____ Football
- _____ Crafts
- _____ Sightseeing
- _____

How do you usually travel to Sac & Fox Casino?

- _____ Car
- _____ RV
- _____ Tour Bus
- _____ Motorcycle
- _____ Semi - Truck

I agree to abide by the rules of the club. By signing this I certify that I am at least 21 years of age:

* _____
Your Signature

Mail completed Application to:
Sac & Fox Casino
1322 US Hwy 75
Powhattan, KS 66527