Player Rewards Enrollment Form

Please print clearly.			
Name			
Address			
City			
State	2	Zip _	
Email			
May we contact you regarding occinformation?	casional pr Y	romotio N	ons, special events and other
Date of birth	_ Gender	Μ	F
I have read and understand the ru Rewards Program.	ules and co	ondition	ons of Scarborough Downs Player
Signature			Date
DROP OFF THIS COMPLETED APP	LICATION	то:	
Scarborough Downs Player Rewal First Floor Clubhouse Building Or mail to: Scarborough Downs PO Box 468 Scarborough, ME 04070 ATTN: Player Rewards	rds		
• •	will be proc	essed a	erson will be issued a Player Rewards card as soon as possible, and can be picked or other valid ID to pick up your card.
	For intern	al use d	only
Account #			
Date and initial			

CONFIDENTIALITY ALWAYS COMES FIRST

Your privacy is important. Information gathered by this program will not be available to anyone outside of Scarborough Downs.