

THE PALACE PLAYERS CLUB ENROLLMENT FORM

PLEASE PRINT IN **CAPITOL LETTERS** USING A BLACK OR BLUE PEN. PLEASE ENSURE THAT THIS FORM IS FILLED IN **FULLY COMPLETED, ACCURATE AND LEGIBLE.**

Welcome to



Select one only:

- I am a new applicant
- I am requesting a replacement card.
My old card number is (if known): _____
- I am changing my personal information.
My card number is: _____

Please select one:

- Mr. Mrs. Ms. Miss

Please select Gender:

- Male Female

Date of Birth:

Month Day Year

First Name: _____

Middle Initial: _____

Last Name: _____

Home Address: _____

Apt. No: _____

City/Town: _____

Postal Code: _____

Province: _____

Alternate Address:

- Rural Route P.O. Box _____

for Alternate Address: _____

City/Town _____

Home Telephone: _____

(Area Code)

Business Telephone: _____

(Area Code)

Ext. _____

If you would like to receive information or personalized offers from THE PALACE PLAYERS CLUB or its Sponsors by e-mail, please enter your e-mail address in the space provided:

e-mail _____

The Palace Players Club undertakes to maintain in the strictest confidence all information provided by you and any information that we gather as a result of your purchases. From time to time the information provided by you or the information gathered may be used to furnish you with information and/or offers which we feel may be of interest or value to you.

If you do not wish to receive this information or these offers from us, check this box.

By signing this enrollment form and/or first time usage of THE PALACE PLAYERS CLUB card, you signify your acceptance of the Terms and Conditions of THE PALACE PLAYERS CLUB rewards program as stated on the back of the enrollment form.

Customer's Signature: _____ Date: _____

New Member Card # _____