

RÉSERVÉ À L'ADMINISTRATION

N° DE MEMBRE

N° D'EMPLOYÉ

Adhésion

Changement d'adresse

Autres modifications

REGISTER

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO THE CASINO PRIVILÈGES COUNTER

Ms.

Mr.

Last Name:

First Name:

Date of birth: YYYY MM DD

ADDRESS

Number Street

Street (contd.) Apt.

City Province/State

Postal Code Country (if other than Canada)

TELEPHONE NUMBER

Residence: Preference

Cell phone:

E-MAIL @

COMMUNICATION CONSENT

I WOULD LIKE TO RECEIVE CASINO PRIVILÈGES OFFERS AND INVITATIONS.

(Check your desired preferences)

By mail Yes

Unmarked envelope Yes

By e-mail Yes

By phone Yes

By text message Yes

Language of preference: French English

SIGNATURE

Date: YYYY MM DD