

\_\_\_\_\_  
First name Initial Last name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email address

(\_\_\_\_)\_\_\_\_ -\_\_\_\_\_  
Phone Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's license/Other government-issued identification number

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Ethnicity

Exclusion Period:

☐ Two Years

☐ Five Years

☐ Lifetime

☐ Other: \_\_\_\_\_

By typing your name here, you agree to be excluded from every sports wagering application that is now, or will be in the future, under the jurisdiction of the Kansas Racing and Gaming Commission.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Submission Date