

First name _____ Initial _____ Last name _____

Initial

Last name

Mailing Address

Address 2

City	State	Zip
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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