



PERSONAL WAGERING ACCOUNT APPLICATION

FACILITY _____

*LAST NAME _____ *FIRST NAME _____

*ADDRESS _____
NUMBER STREET NAME APT#

*CITY _____ *STATE _____ *ZIP _____

*HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

*SOCIAL SECURITY # _____ *DOB _____
(MM/DD/YYYY)

*DRIVERS LICENSE # _____ *STATE _____

*REQUIRED FIELDS

I agree and understand the terms and conditions of opening and maintaining a personal wagering account at Arlington Park and its affiliated licensed pari-mutuel facilities.

SIGNATURE _____ DATE _____

*****Office Use Only*****

ACCOUNT# _____ BOX# _____

OPENED BY _____ DATE _____

TIN VERIFICATION BY _____ DATE _____

CLOSED BY _____ DATE _____