



Annual Activity Report Request Form

Date of Birth _____

Player Name _____

Player ID # _____

Current Address _____

City _____

State _____

Zip Code _____

Phone () - _____

Year(s) Requested: 2004 2005 2006 2007 2008 2009 2010

Signature _____

Date Signed _____

Marketing Department: 6800 Soaring Eagle Boulevard Mt. Pleasant, Michigan 48858 Fax: 989.775.5609 Phone: 989.775.5217



Soaring Eagle

CASINO & RESORT®

EXPERIENCE MORE.

MT. PLEASANT, MI ♦ 888.7.EAGLE.7 ♦ SoaringEagleCasino.com

