



SOARING EAGLE
CASINO & RESORT®

Annual Activity Report Request Form

Date of Birth _____

Player Name _____

Player ID # _____

Current Address _____

City _____

State _____

Zip Code _____

Phone () _____

Year(s) Requested: _____
(You can request from 2010 to Current Year)

Signature _____

Date Signed _____

Please mail a completed form to:
Soaring Eagle Casino
Attn: Access Club
6800 Soaring Eagle Blvd
Mount Pleasant, MI 48858

For additional information or assistance,
please contact the Access Club at:
1-888-726-9633

Or fax a completed form to:
989-775-5609