

**PLAYER APPLICATION FORM**

SURNAME

\_\_\_\_\_

FIRST NAME

\_\_\_\_\_

TITLE

MISS  MS  MRS  MR

DATE OF BIRTH

D D M M Y Y Y Y

HOME ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE

\_\_\_\_\_

HOME / MOBILE\* TELEPHONE NUMBER (\* DELETE AS APPROPRIATE)

\_\_\_\_\_

IS THIS A REPLACEMENT CARD REQUEST?

YES  NO

IS THIS A CHANGE OF ADDRESS REQUEST?

YES  NO

SIGNATURE

\_\_\_\_\_

TODAY'S DATE

D D M M Y Y Y Y

I declare that I am over 18 years of age and will abide by the rules displayed on the premises.

PLEASE COMPLETE IN BLOCK CAPITALS



Carlton Bingo will control and process any personal details that you provide. We may sometimes wish to contact you with Carlton Bingo offers. Tick this box if you do not wish to receive such offers from Carlton Bingo . On other occasions, we may wish to send you similar offers from our carefully selected marketing partners. Tick this box if you do not wish to receive offers from outside of Carlton Bingo .

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