



**VOLUNTARY EXCLUSION PROGRAM APPLICATION FOR LIFTING OF SELF-BAN**

**FULL LEGAL**

**NAME OF**

**APPLICANT:**

*(First)*

*(Middle)*

*(Last)*

**NICKNAME(S):**

**EMPLOYEE?**

Yes  No

**HOME ADDRESS:**

*(Street or P.O. Box)*

*(City)*

*(State)*

*(Zip)*

**HOME**

**TELEPHONE:**

**OTHER**

**TELEPHONE:**

**DATE OF BIRTH:**

**GENDER:**

Male  Female  Other

**DRIVERS**

**LICENSE:**

*(State)*

*(Number)*

**PHYSICAL DESCRIPTION:**

*(Height)*

*(Weight)*

*(Hair Color)*

*(Eye Color)*

**ETHNIC ORIGIN (WHICH RACE OR ETHNIC GROUP BEST DESCRIBES YOU?):**

Caucasian/White  African American  Hispanic  Native American  Asian/Pacific Islander  Other

**LENGTH OF BAN YOU ARE REQUESTING TO BE LIFTED:**

Six Months      Effective From: \_\_\_\_\_      To: \_\_\_\_\_

One Year      Effective From: \_\_\_\_\_      To: \_\_\_\_\_

Indefinite      Effective: \_\_\_\_\_

I acknowledge that I am requesting that the General Manager lift my voluntary self-ban because I have received assistance to deal with my problem gambling behavior and that I am able to gamble responsibly.

\_\_\_\_\_  
*(Applicant's Signature - Required)*

\_\_\_\_\_  
*(Date Signed)*



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I, \_\_\_\_\_ hereby request that the North Star Mohican Casino Resort honor my petition to have my Voluntary Exclusion from the Casino lifted.

The reason for my initial request for a Voluntary Exclusion were:

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

The steps I took to address my reasons for requesting the Voluntary Exclusion were:  
(attach a separate sheet if necessary)

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

I understand that the Casino may approve my request, deny my request, or require further information before a decision can be made on my request. I further understand that the Casino's decision on my request is final, and I may only reapply to have my ban lifted six months after the Casino's decision. I understand that the lifting of the Voluntary Exclusion does not make the Casino responsible or liable for my gambling. Furthermore, I hereby release the Casino from any claim or liability with respect to the lifting of my Voluntary Exclusion.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Office Use Only)

Casino Decision:      \_\_\_ approve request      \_\_\_ deny request      \_\_\_ more information needed

\_\_\_\_\_  
(Signature of GM)

\_\_\_\_\_  
(Date Signed)