

CONFIDENTIAL

REQUEST FOR VOLUNTARY EXCLUSION FROM ALL DELAWARE VIDEO LOTTERY FACILITIES

This form is to be completed by any patron requesting to be excluded from all gaming activities in all Delaware Video Lottery Facilities, including their gaming sites (Delaware Park, Bally's Dover, and Harrington Raceway & Casino) pursuant to Delaware Video Lottery Regulations 7.15. All information contained on this form is confidential.

PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS IN SPACES PROVIDED.

1. NAME:

LAST	FIRST	MIDDLE	SUFFIX
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2. DO YOU, OR HAVE YOU EVER USED ANY OTHER NAME OR NAMES? YES NO
If yes, list additional name(s) below (includes maiden name, aliases, nicknames, or any other name):

3. HOME ADDRESS:

NUMBER AND STREET		
CITY	STATE	ZIP CODE

4. TELEPHONE NUMBER: (_____) _____

5. SOCIAL SECURITY NUMBER*: _____

**Disclosure of your Social Security number is mandatory. See instructions for further details.*

6. DATE OF BIRTH: _____ / _____ / _____

MONTH	DAY	YEAR
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7. HEIGHT: _____ 8. WEIGHT: _____

FT-IN	LBS
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PLEASE CHECK APPROPRIATE BOX:

9. GENDER: (M) MALE 10. HAIR COLOR: _____ 11. EYE COLOR: _____
 (F) FEMALE

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: _____

MINIMUM SELF-EXCLUSION PERIOD

To process this request, you must choose the period of time you wish to be excluded from the Delaware Video Lottery Facilities. Please choose one:

- ONE YEAR
- FIVE YEARS
- LIFETIME (PERMANENT)

