

## Mashantucket Pequot Tribal Nation Gaming Commission

### **Patron Voluntary Exclusion Application**

The Mashantucket Pequot Tribal Nation (MPTN) offers you the opportunity to voluntarily exclude yourself from Foxwoods. The Mashantucket Pequot Tribal Nation, by and through the Mashantucket Pequot Gaming Enterprise (d/b/a Foxwoods Resort Casino), a wholly owned, unincorporated, instrumentality of the Mashantucket Pequot Tribal Nation, and the Mashantucket Pequot Tribal Nation Gaming Commission (MPTNGC) will make reasonable efforts to deny you access, but will accept no responsibility in the event that you fail to fully comply with this self-initiated exclusion

#### Please read the following thoroughly

- I understand that my failure to comply with this voluntary exclusion shall be considered trespass.
- I understand that upon this voluntary exclusion, the points that I have in my player account will be frozen.
- I understand that the "Five-year Voluntary exclusion" option will be automatically rescinded upon
  reaching five years from the exclusion date. This is a one-time option. Future requests will be restricted to
  the Permanent option.
- I understand that the "Permanent Voluntary exclusion" is a lifetime option, <u>you cannot under any circumstances be removed from the exclusion list.</u>
- I understand that if I should return in violation of this agreement, I am not eligible to receive any winnings or recover any losses.

<u>Exclusion means</u> you may not be employed by the MPGE (Foxwoods) in any capacity and may not be in the Foxwoods Resort Casino for any reason.

I hereby re	<u>equest that </u>	<u>I be refused </u>	entrance to,	as well as,	being exc	<u>cluded from</u>	Foxwoods 1	Resort (	<u>Casino for</u>
a period of	<u>f</u> :								

	☐ Five Years	☐ Permanent				
MPTNGC Exclusion Statement: Un Mashantucket Pequot Gaming Proce Foxwoods Resort Casino and/or gam	dures, this docume	ent serves as notice tha	t you are he	-		1
Patron's Acknowledgement to the Co Exclusion and I acknowledge that I am not have any condition that might impair my abi	under duress or unde	r the influence of any subs	_			
Requestor's Signature			Date:	/	/	
MPTNGC Representative			Date:	/	/	
Notary			Date:	/	/	



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# Patron Voluntary Exclusion Application Player Information

This form may be completed at the Gaming Commission Office in Great Cedar Casino or mailed to the MPTN Gaming Commission Chair, 350 Trolley Line Boulevard, P.O. Box 3250 Mashantucket, CT 06338-3250. If mailed to us, this form must be notarize and include one (1) passport size photograph or clear copy of driver's license for identification purposes.

PLEASE PRINT:					
Name: First:	Middle Initial: Last:				
Street (Home) Address:					
City/Town:					
Province/State:					
country: Zip Code:					
Mailing Address (If home address is differ	rent)				
Date of Birth (MM/DD/YY)://					
Player Card Number (if any):					
-					
Place Photo Here					
If you have a gambling problem, we stron	igly advise you to contact:				

1- 888-789-7777.

Rhode Island Gambling Treatment Program at 1-401-444-7036