



PLAYER'S CLUB APPLICATION

FIRST NAME/ MIDDLE INITIAL	
LAST NAME	
NICKNAME	
DATE OF BIRTH	____ / ____ / ____
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
TYPE OF ID	
CARD #	
EXPIRATION DATE	____ / ____ / ____
HOME ADDRESS CITY/STATE/PROVIDENCE/ZIP	
HOME PHONE ()	____ - ____
CELL PHONE ()	____ - ____
EMAIL ADDRESS	
OCCUPATION	
MUSIC GENRES	<input type="checkbox"/> COUNTRY <input type="checkbox"/> ROCK <input type="checkbox"/> POP <input type="checkbox"/> JAZZ <input type="checkbox"/> BLUES <input type="checkbox"/> OLDIES <input type="checkbox"/> OTHER:
FAVORITE ARTIST	
PREFERRED ENTERTAINMENT	<input type="checkbox"/> MUSIC <input type="checkbox"/> COMEDY <input type="checkbox"/> MAGIC <input type="checkbox"/> BOXING <input type="checkbox"/> MMA <input type="checkbox"/> GAMESHOW <input type="checkbox"/> MURDER MYSTERY <input type="checkbox"/> OTHER: _____