

HOLLYWOOD
Casino®
AT CHARLES TOWN RACES

CLUB HOLLYWOOD REGISTRATION FORM

Please complete this card to receive your Free Slot Play offer. Must be legible.

Date of Visit _____

To be completed by Existing Club Hollywood Members

Account # _____

Full Name _____

To be completed by New Club Hollywood Members

(Please write legibly. Please write as it appears on your Identification)

Full Name _____

Street Address _____

City, State & Zip _____

DOB (MM/DD/YY) _____

PIN# (4 Numbers) _____

Phone Number _____

Email Address _____

Signature _____

To Be Completed by Bus Greeter

To Be Completed by Data Entry Clerk

Group Code _____

FSP/PIN Assigned By _____

Temp Card# _____

Account Updated By _____

ID Verified By _____

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