MOBILE SPORTS BET APPLICATION

PLEASE PRINT CLEARLY LAST NAME: _____ MI:_____ FIRST NAME: _____ MI:_____ GENDER: M F (circle one) DATE OF BIRTH:_____ SS# _____ SS# _____ ID TYPE: _____ ID #:_____ ID EXPIRE DATE:_____ HOME ADDRESS: CITY: _____ STATE: ____ ZIP CODE: _____ MAILING ADDRESS: CITY: _____ STATE: ____ ZIP CODE: ____ EMAIL:_____ HOME PHONE #: _____ MOBILE PHONE #: ______ BUSINESS PHONE #: _____ MOTHER'S MAIDEN NAME OR CODE WORD: ______ I acknowledge that I am at least 21 years of age. I certify that I have received, read, understand and agree to comply with Mobile Sports Bet wagering account rules and procedures. I also certify that the information that I have provided on this application is accurate. I understand that any false statements made on this application or any failure to comply with any state or federal laws and regulations will be considered grounds for immediate termination of my Westgate wagering privileges. I understand that it is unlawful to place a wager from outside the State of Nevada and that Westgate is prohibited by law from accepting wagers that originate from outside of Nevada. I consent to the monitoring of my wagering communications by Westgate and/or appropriate authorities, including the Nevada Gaming Control Board. APPLICANT'S SIGNATURE: DATE: We have witnessed the applicant's signature and have confirmed the applicant's identity and residence. TEAM MEMBER SIGNATURE:_____ DATE:_____ DATE:_____ SUPERVISOR' SIGNATURE: _____ DATE: _____ DATE: _____ FOR INTERNAL USE ONLY ENROLLMENT DATE: ______ ACCOUNT #: _____ INITIAL PIN #:______ INITIAL DEPOSIT: _____ CARRIER: _____ DEVICE: iPhone/iPad Android Other: _____

WHITE: Accounting Copy YELLOW: Race & Sports Copy PINK: Guest Copy