



WESTGATE LAS VEGAS

MOBILE SPORTS BET APPLICATION

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____ MI: _____

GENDER: M F (CIRCLE ONE) D.O.B. _____ SS#: _____

ID TYPE: _____ ID#: _____ ID EXPIRE DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

MOBILE PHONE #: _____

MOTHERS 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 the 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 prohibited from allowing any other person not assigned to the wagering account access to or use of the wagering account.

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 also understand that any funds will not be accessible when I am outside the state of Nevada. Any transfers, deposits, or withdrawals must be processed while within Nevada.

I consent to the monitoring and recording of my wagering communications by Westgate and/or appropriate authorities, including the Nevada Gaming Control Board.

APPLICANT'S SIGNATURE: _____

We have witnessed the applicant's signature and have confirmed the applicant's identity and residence.

AUTHORIZED SIGNATURE: _____

FOR INTERNAL USE ONLY

ENROLLMENT DATE: _____ ACCOUNT #: _____

INITIAL PIN#: _____ INITIAL DEPOSIT: _____

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