



Player Rewards

Welcome to Player Rewards!

Please fill out the below form in its entirety.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth ____ / ____ / ____

Have you ever wagered at the Meadowlands prior to signing up for Player Rewards?

☐ Yes ☐ No

By signing below, I fully understand that inclusion in Player Rewards and acceptance of the membership card is for my exclusive and personal use. I understand that any points collected will expire after 6 consecutive months of inactivity and that points cannot be restored once expired. Further, I accept responsibility for the proper use of the membership card and any misuse, as deemed by management, will automatically rescind my membership and forfeit accumulated points. I agree to receive communications from the Meadowlands.

Signature _____ Date ____ / ____ / ____

Please present a valid photo ID upon registration.

To be filled out by management:

Issued by _____ Account No. _____