

**Oklahoma Association for Problem and Compulsive Gambling  
Tribal Casino  
State-wide Self Exclusion**

- I. OAPCG recognizes the need for some persons to request self exclusion from multiple tribal casinos. In filling out this form, the problem gambler requests that OAPCG send this form to the tribes or casinos within the State of Oklahoma. OAPCG cannot guarantee that each tribe will accept this self-exclusion form. In such case, OAPCG will notify the applicant that they will have to contact that tribe or casino in person.

I, \_\_\_\_\_ (Legal Name) agree to the following:

- Initials \_\_\_\_\_ 1) I wish to voluntarily exclude myself from all casinos in the state of Oklahoma, a list of which is attached to this document.
- Initials \_\_\_\_\_ 2) I wish to exclude myself for:  
\_\_\_\_\_ 1 year, \_\_\_\_\_ 5 years, \_\_\_\_\_ lifetime
- Initials \_\_\_\_\_ 3) The signee agrees that the ultimate responsibility for staying off the premises of tribal casinos belongs to the signee and is not the responsibility of the tribe or casino. The signee understands and agrees that the tribal casino shall employ its best efforts to exclude persons who have signed this form from entry into its casino facilities: provided, however, that neither persons who are barred but gain access to a casino facility nor any other person, shall have any claim against the state, the tribe or the tribal casino or any other person for failing to enforce such bar.
- Initials \_\_\_\_\_ 4) The signee understands that entering tribal casinos after signing this form is trespassing.
- Initials \_\_\_\_\_ 5) If the signee returns to the casino and seeks to claim any winnings, the tribe or casino will deny the claim and donate such winnings to a non-profit agency.
- Initials \_\_\_\_\_ 6) As the signee, I understand that all itemized information is required and, the signature, a digital photo, and copy of drivers' license is included in this application or the application will be denied. The application, signature and photo I.D. need to be presented to a notary public for signed verification.
- Initials \_\_\_\_\_ 7) I understand that treatment for problem gambling and gamblers anonymous groups are available and if I need help or more information I can call 1-800-522-4700, the Oklahoma Problem Gambling Helpline.

- II. From this date \_\_\_\_\_, I request to be excluded from all tribal gaming facilities and casinos in the State of Oklahoma, a list of which is attached to this document.

Full Legal Name: \_\_\_\_\_

Alias Name/Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ SSN: \_\_\_\_\_ (Optional)  
(Photo copy of Driver's License is required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Scars & Tattoos: \_\_\_\_\_

Initials \_\_\_\_\_ 1) As the signee, I understand that should I desire to enter a tribal gaming facility or casino, it is my responsibility to contact each tribal gaming facility to learn their process from removing my name from their self-exclusion list.

Initials \_\_\_\_\_ 2) As the signee, I understand the tribe or casino will remove my name from the casino's mailing list.

Initials \_\_\_\_\_ 3) As the signee, I will maintain my own copy of this form.

Date: \_\_\_\_\_

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PRINT NAME: \_\_\_\_\_

Signature (in presence of notary): \_\_\_\_\_

\_\_\_\_\_

**VERIFICATION**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Mail or deliver completed form with picture and copy of driver's license to:

OAPCG  
320 W. Main, Suite B  
Norman, OK 73069  
Phone: 405-801-3329

**NO FAXED COPIES WILL BE ACCEPTED**

**FOR OAPCG USE ONLY:**

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Date forwarded: \_\_\_\_\_