

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 provided on the OAPCG website.
- Initials _____ 2) I wish to exclude myself for:
_____ 1 year, _____ 3 years, _____ 5 years, _____ 10 years.
- 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; the notarized signature, a recent photograph (separate from the driver's license), and a 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.
- Initials _____ 8) This self-exclusion request is irrevocable (by OAPCG) for the time period indicated below.

- 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: _____

CHECKLIST

Initials _____ 1) Signature verified by a notary

Initials _____ 2) Copy of Driver's License

Initials _____ 3) Recent separate photo



PRINT NAME: _____

NOTARIZED 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: _____