



BetNowNY Wagering Account and Players Club Application

By my signature below, I attest that I am at least 21 years old, and have read, accept and agree to abide by Nassau OTB's Account Wagering and Players Club rules. More over, I agree that Nassau OTB will not be responsible to me for funds charged to my account resulting from unauthorized use of the card and/or PIN. I hereby grant NASSAU OTB permission to verify my Social Security number, date of birth and address, as well as automatically process any IRS W-2G forms required for reportable winnings. I acknowledge that if I falsify information on this application I may be subject to criminal and civil penalties and forfeit funds on deposit.

____ I have enclosed a copy of my Driver's License

Signature: _____

Date: _____

Mail to:
Nassau Regional Off-Track Betting Corp.
P.O. Box 671
Mineola, NY 11501

(This Section Must Be Completed in Full)

Name: _____ U.S. Citizen
Last First Middle Initial

Address: _____
Street City State Zip Code County

Date of Birth: _____ Social Security Number: _____ Telephone # _____

Send Players Club Card Address above Branch _____ Specify Branch location

E-mail Address: (Optional) _____

Would you like to receive e-mail notices regarding racing news and Nassau OTB events and promotions?

* Must wager \$2000.00 per month to qualify for Player Rewards.

Select ONE option below:

WAGERING ACCOUNT ONLY

_____ I request a Nassau OTB Wagering Account.
I have enclosed a check payable to Nassau Off-Track Betting Corp. in the amount of \$_____ (Minimum \$10)
PIN (choose your own 4-digit PIN from 1000 to 9999) _____

NEW WAGERING ACCOUNT and PLAYERS CLUB

_____ I request to be issued a Nassau OTB Wagering Account and enrolled in the Players Club.
I have enclosed a check payable to Nassau Off-Track Betting Corp. in the amount of \$_____ (Minimum \$10)
PIN (choose your own 4-digit PIN from 1000 to 9999) _____

PLAYERS CLUB for Existing Wagering Account Holders

(Required) Provide Existing Account Number: _____

_____ I have a Nassau OTB Wagering Account and request to be enrolled in the Players Club. (Do not include your PIN)

FOR OFFICE USE ONLY

Application Reviewed by: _____

Signature: _____

Date _____

