



PLAYER MEMBERSHIP APPLICATION

(all information is necessary so you get the Maximun Benefit of MPA)

Player Name		
Address		
City	State	Zip
Phone #	E-mail	
Date of Birth (required for MPA incentives)	/ / .	Shirt Size
Do you currently have any of the following? (che	ck yes or no)	
Treasure Island Passport Club Card?YI	<u>NO</u>	
Jackpot Junction Players Club Card? Y	ES NO	

I agree that the information that I have provided is for the sole use of becoming a member of the MPA and for receiving the benefits and incentives offered by the MPA and its hosts and sponsors. I understand that by becoming a member of the MPA, I will conduct myself in a professional manner while participating in MPA-sanctioned events and failure to do so may result in suspension or expulsion from said events.

layer Signature		Date .				
<u>Optional Section (please fill this out only if you care to share this information for polling purposes):</u>						
Favorite Pool Game:	8-Ball Singles	8-Ball Team	9-Ball Singles	9-Ball Team		
Mixed Scotch Dbls Regular Scotch Dbls Other:						
Favorite Casino Game:						
Have you ever traveled to Las Vegas for Pool? <u>YES</u> <u>NO</u>						