

Update Information Form

Request Date:

Phone #:

Player First Name:

Date Of Birth:

Player Last Name:

Club Card #:

State and Drivers License/ID#:

E-mail:

Check box for changes

- 1) First Name
- 2) Last Name
- 3) Mailing Address
- 4) Email
- 5) Phone number
- 6) Drivers license/ID#

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mailing Address:

Player Signature:

Notary Signature:



For Administration Use Only

Date processed:

Processed by:

Tax Compliance Department

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