

SEMINOLE NATION OF OKLAHOMA PRIZE CLAIM FORM

INSTRUCTIONS

Please print the following items clearly in blue or black ink.

- Your name, address, city, state, and zip.
- List any witnesses to your claimed prize.
- Print the date, time, and location of the event giving rise to the claim.
- List the names of staff members you contacted.
- Provide a specific description of what happened that led to your claim of the prize.
- Indicate the exact amount of your claim.
- Insert the reason for this amount (what did you hit).
- Indicate which machine the prize was won on (please include the machine number and type of machine).
- List your representative(s), if any.

Sign and date the form and submit to the
Seminole Nation Gaming Agency.

PLEASE PRINT CAREFULLY

Name (First, Middle Initial, Last)

Street

City

State

Zip

Witnesses

Date (mm, dd, yy)

Time

am
pm

Location (Please Check)

Seminole Nation Casino
Wewoka Trading Post Rivermist

Casino Staff Contacted

Description of What Happened

Amount Claimed

\$

Reason for Amount (Be Specific)

Game Played

Name and Address of Representative (if any):

I certify, under penalty of perjury that the information contained herein is correct and true.

Signature

Date

Seminole Nation Gaming Agency

P. O. Box 631, 2015 W. Wrangler Blvd.

Seminole, OK 74818