



Soaring Eagle

CASINO & RESORT®

Annual Activity Report Request Form

Date of Birth _____

Player Name _____

Player ID # _____

Current Address _____

City _____

State _____

Zip Code _____

Phone () - _____

Year(s) Requested: _____

(You can request from 2010 to Current Year)

Signature _____

Date Signed _____

Please Mail A Completed Form To:
Soaring Eagle Casino
Attn: Players Club
6800 Soaring Eagle Blvd
Mount Pleasant, MI 48858

For additional information or assistance,
please contact the Players Club at:
1-888-732-4537 EXTENSION 55717

Or Fax A Completed Form To:
989-775-5609