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APPLICATION

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FIRST NAME	N	MIDDLE INITIAL		
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WEDDING ANNIVERSARY DATE				
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☐ CHECK BOX IF YOU WOULD LIKE A CREDI	T APPLICATION			
SIGNATURE		DATE		

By providing this information, I give my permission for Atlantis Casino Resort Spa to communicate with me via phone, mail, text message and email. For Text Messages: Text STOP to end. Text HELP for help. Message and data charges may apply. Must be 21. Your account may be cancelled if card is not used within a 13-month period. Management reserves the right to change or cancel Club programs and/or promotions without notice.

We apologize in advance that Atlantis is unable to mail a copy of your new Club Paradise card. To receive a copy please visit the Club Paradise desk conveniently located adjacent to our Main Cashier on the casino floor. Thank you.

## MAIL, FAX OR EMAIL YOUR APPLICATION

Atlantis Casino Resort Spa Attn: Tom Ducey, Club Paradise Manager 3800 S. Virginia Street, Reno, NV 89502 Fax: 775.332.9500 | tducey@atlantiscasino.com

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