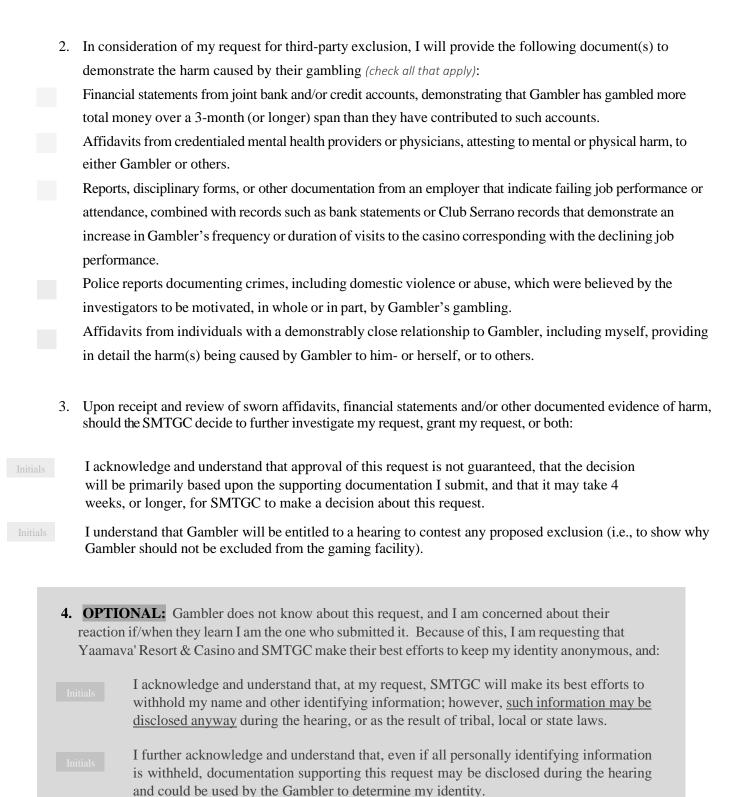
## THIRD PARTY EXCLUSION REQUEST FORM

PLEASE PRINT & COMPLETE ALL FIELDS

## PERSON WHO IS REQUESTING THE EXCLUSION

Full Name:	Last Name:					
Relationship:	Email Address:					
Home Phone #:	Cell Phone #					
Mailing Address:						
PERSON YOU'RE REQUESTING TO EXCLUDE						
First Name:	Last Name:					
Aliases:	Date of Birth:					
Home Phone:	Cell Phone:					
Email Address:	Club Serrano #:	(If known)				
Mailing Address:						
1. I, Requestor Full Name hereby request that the San Manuel Tribal Gaming Commission ("SMTGC"), an entity independent from the Yaamava' Resort & Casino, revoke the gambling privileges of Gambler Full Name, hereafter known as "Gambler," for the following reason(s) (check all that apply):						
Their gambling has caused, or is causing, myself or others direct financial harm.						
Their gambling has caused, or is causing, physical or mental harms to themself or others.						
Their gambling has put their job, career or employer at risk.						
Their gambling has resulted in them breaking the law.						
Other reason(s) (specified in comments box, #4 below)  MAIL completed form to Gaming Commission, Attention Chief Gaming Regulator.						

MAIL completed form to Gaming Commission, Attention Chief Gaming Regulator, 27995 Highland Ave., Suite 300, Highland, CA 92346. Telephone: (909) 863-2150.



5. 7	5. The following is a <u>detailed</u> explanation of why I am making this request, including each of the above checked boxes, and <u>specific examples</u> .				
Note: if this field does not provide sufficient space for a full, detailed description, please continue writing on a					
			nclude it with your request.		
	(Print Name)		(Signature)		
Requesto	or	Requestor		Date	
	(Print Name)		(Signature)		
Received	l by	Received by		Date	