



SMILES CASINO

Alternative Method of Entry

- Use BLACK or BLUE ink
- Receive 2 SC per card
- Handwritten & Legible

4" x 6" BLANK INDEX CARD

<POSTAL REQUEST CODE>

<Full Name>

<Email Address>

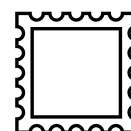
<Account Username>

I wish to receive Smile Coins to participate in the sweepstakes promotions offered by Smiles Casino. By submitting this request, I hereby declare that I have read, understood, and agree to be bound by the Smiles Casino Terms and Conditions and Sweepstakes Rules.

#10 ENVELOPE WITH POSTAGE

Sweepstakes Entries

<Return Address>



Smiles Casino Sweepstakes Department

P.O. Box 516

Newark, NY 14513

