

Request for Removal from Voluntary Self-Exclusion List

I acknowledge that I have read the following instructions to Request Removal from the William Hill or Caesars Sportsbook ("The Company") Voluntary Self-Exclusion List, carefully.

I acknowledge that I am submitting a Self Exclusion Removal Form after my Voluntary Self-Exclusion period with William Hill/Caesars Sportsbook has expired.

By signing and submitting the Removal Form, I am removing my name from the Self-Exclusion List and authorize The Company to reinstate my betting privileges. I understand that if I am not able to exclude in person, I must submit a copy of valid ID with this Removal Form by mailing or emailing it to:

Caesars Sportsbook
Attention – Responsible Gaming
6325 S. Rainbow Boulevard, Suite 100
Las Vegas, NV 89118

Email: responsiblegaming@williamhill.us

I understand when I submit my Removal Form, I must present a valid, government-issued form of photo identification. Without proper identification, I may not submit my Removal Form.

The Company has 30 business days from the receipt of my Removal Form to delete my name from the Self-Exclusion List. Consequently, I may be denied betting privileges from the time I submit my Removal Form until The Company's Self-Exclusion list is updated.

PLEASE PROVIDE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

LAST NAME (and Jr./Sr., if any) FIRST NAME MIDDLE

DATE OF BIRTH (Month, Day, Year) Height Weight SOCIAL SECURITY NUMBER

Home Telephone Number with Area Code Daytime or Work Telephone Number with Extension and Area Code

Cell Number with Area Code E-Mail Address

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code)

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

Have you been known by any other name(s)? Yes No

If YES, list the additional name(s) below and specify dates of use for each (Include maiden name, aliases, nicknames, or any other names).

ACKNOWLEDGMENT

I certify that the information that I have provided is true and accurate. I am aware that my signature below constitutes a revocation of my previous request for self-exclusion, and I authorize The Company to permit Sportsbooks and mobile to reinstate my sports betting privileges.

Applicant's Signature: _____ Date: _____

Mobile Account #: _____ State where Account was created: _____

DO NOT WRITE BELOW – FOR THE COMPANY PERSONNEL USE ONLY

Date of Self-Exclusion: _____

Type of I.D. Offered: _____

I certify that the signature of the person requesting removal from the Self-Exclusion List appears to agree with that contained on the identification credentials provided, and any physical description or photograph of the person appears to agree with his/her actual appearance.

Company Employee: _____

Date: _____

Forwarded to Corporate: _____

Date: _____