



Request for Reinstatement Ending a Voluntary Self Exclusion

SASKATCHEWAN INDIAN GAMING AUTHORITY
250 – 103C PACKHAM AVENUE
SASKATOON, SK S7N 4K4
(306) 477-7777

DATE: _____

Contact Information

Players Club Card Number: _____

Name: _____ Phone: _____

Address: _____

Town/City: _____ Postal Code: _____

Date of Birth (month/day/year): _____

Email: _____

How do you prefer to be contacted: Phone Mail Email

I request to have my Voluntary Self Exclusion end on _____
(Date)

Please answer the following questions (write on the back if more room is needed)

1. Where did you enroll into Voluntary Self Exclusion?

Bear Claw Dakota Dunes Gold Eagle Living Sky
Northern Lights Painted Hand SIGA Central Office

2. Why do you want to have your Voluntary Self Exclusion end?

3. What have you done to address the reason for your Voluntary Self Exclusion?

Read responsible gambling material Viewed sigagamesense.ca

4. What is your plan if you recognize signs that gambling is causing a problem?

The Request for Reinstatement will be reviewed by the Casino Exclusion Review Committee and a decision will be made within 21 days of the request. You may be asked to meet with senior management to discuss your request. Do not enter the casino unless you have received permission.

Signature: _____

Send this form to the Manager of Responsible Gaming at SIGA Central Office