

# MGM CASINO TRIP RESERVATION FORM

Return this completed form and payment at the monthly chapter meeting or mail to Mary Kofron, 66 Table Bluff Drive, Fredericksburg, VA 22406. Make checks payable to: AARP Fredericksburg Chapter 3396.

If you have an MGM M Life Rewards card provide the following information:

Name on Driver's License: \_\_\_\_\_

MGM M Life Rewards card#: \_\_\_\_\_

If you Do Not have an MGM M Life Rewards card, provide the following information:

Name on Driver's License: \_\_\_\_\_ License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address: \_\_\_\_\_

