



POTAWATOMI CARTER CASINO HOTEL RV CHECK-IN **SITE#:** _____

Arrival Date _____ Departure Date ____/____/____ (Max of 3 Days)

Last Name _____ First Name _____

CC# (if Available) _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

License Plate # _____ State _____ Vehicle Type _____

Guest Signature _____