

# SAM HOUSTON RACE PARK MOBILE WAGERING FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Confirm You are Over 21 Years of Age Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my account is for my sole use and may be terminated as set out in 16 TAC 321.627 if I permit access to my account by another person, or if I have falsified this form in any way.

Please email to [info@shrp.com](mailto:info@shrp.com) to set up your account.

