

ALTERNATIVE METHOD OF ENTRY (AMOE) CLAIM FORM

NO PURCHASE NECESSARY

Mail completed claims to: **AMOE Claims, 2611 N Beltline Rd, Suite 130, Sunnyvale, Texas 75182**

Claimant Information

Full Legal Name	
Account Username / Player ID	
Email Address Associated With Account	
Telephone Number	
Date of Birth	
Residential Address	
City / State / ZIP Code	

AMOE Claim Details

Website / Brand	
AMOE Request / Claim Reference (if any)	
Date AMOE Request Was Mailed	
Date AMOE Request Was Submitted / Received (if known)	
Amount / Entries / Sweeps Coins Claimed	

Reason for Claim / Description:

Claimant Certification

I certify that the information on this form is true and accurate and that I am the individual associated with the account identified above. I understand this claim is subject to verification and the applicable Official Sweepstakes Rules and AMOE requirements. Submission does not guarantee approval or credit. Incomplete, inaccurate, duplicate, ineligible, or unverifiable claims may be denied.

Claimant Signature: _____

Date: _____

Printed Name: _____

For Office Use Only

Date Received	_____	Claim ID	_____
Account Verified	Yes / No	AMOE Verified	Yes / No
Disposition	Approved / Denied / Pending	Amount Credited	_____
Processed By	_____	Date Processed	_____

Important: Use this claim form consistently with the applicable Official Sweepstakes Rules. Keep a copy of the completed form and supporting mailing or submission records.