



ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

Member Name (Please Print)

True Rewards™ Number

Social Security Number

Date of Birth

Address Apt #

City State Zip

(Area code) Telephone

Email Address

I hereby request that the property provide me with an estimated win/loss statement for the calendar year(s) of _____. I understand that the information provided will reflect the requested wins and losses while using my True Rewards card bearing the above account number, and is not equivalent to, or intended for use as, any government documentation required for the filing of my personal taxes.

I hereby release and hold harmless "Property," its subsidiaries and employees from any liability associated with my use of this information for any purpose.

The estimated win/loss statement that I receive will include any carded play I may have for Slots, Video Reel, Pit, Race and Sports, Keno and Bingo.

Member Signature

Date

Select One: Pick Up / Mail

If True Rewards member does not present request in person, member's signature must be notarized. Only the member may receive or request a Win/Loss Statement. Member MUST present valid photo ID acceptable to Rocky Gap Casino Resort & Golf, in its sole and absolute discretion.

SUBSCRIBED AND SWORN TO before me

The _____ day of _____, 20_____.

NOTARY PUBLIC

Request completed by

Employee Signature

Date

**Return to: Rocky Gap Casino Resort & Golf ATTN: TRUE REWARDS CLUB
16701 Lakeview Rd. Flintstone, MD 21530**