



ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

Member Name (Please Print)

True Rewards™ # / Winners' Zone #

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 / Winner's Zone 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 "Rocky Gap Casino, Resort and Golf", its subsidiaries and employees from any liability associated with my use of the 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, and Keno.

Member Signature

Date

Select One: Pick Up / Mail

If True Rewards / Winners' Zone 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: PLAYERS CLUB 16701 Lakeview Rd. Flintstone, MD 21530

Please play responsibly, for help visit mdgamblinghelp.org or call 1-800-GAMBLER. No person under the age of 21 is permitted on the casino floor.