



WIN/LOSS REQUEST FORM

Please complete this form in its entirety. Guests may enter only the last four digits of their social security number if so desired. Please mail or fax(302-993-2365) the form as per the directions below.

Player Rewards Club
777 Delaware Park Blvd.
Wilmington, DE 19804

Player's Club Member Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ SSN _____

Players Club Account # _____

Please release information concerning my slot/track activity for the period ending ____/____/____

I request that Delaware Park provide my gaming activity for the time period as indicated. I understand that Delaware Park makes no representation of warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses nor is it intended to take the place of my own records of gaming activity. In consideration of providing this information, I release Delaware Park and affiliated companies from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claim.

Signature _____

Date _____

EMPLOYEE USE ONLY

Player's Account _____ Last Name _____

ID Number _____ State Issued _____

Verified By _____ Badge _____

Date Picked Up ____/____/____ Date Mailed ____/____/____

Date Win/Loss Printed _____ Date Filed ____/____/____