

## Annual Activity "Win Loss" Request Form

Gaming history requests will only be hand delivered, mailed, or sent electronically via e-mail to the address or e-mail on file in Rain Rock Casinos player tracking system. Please verify that we have your current mailing address and/or e-mail before submitting your request. A separate request must be completed for each account.

	Please Print Clearly -	All Information is Required	
	Players Club Account :		-
	First Name :		-
	Last Name :		-
	Tax Year(s) Requested :		_
this information, and all claims aris hold those entitie generated from in activity. Rain Roc	I hereby release Rain Rock Casino a sing from or relating to the informat es and persons harmless from any su nternal systems and is not intended	I gaming activity as specified above. Ir nd all their respective team members ion and its release, and further agree t ich claims. I understand that the infor to be or take the place of my own rec or warranty, expressed or implied, as or losses.	and agents from any to indemnify and rmation requested is cords of my gaming
	s box, I authorize Rain Rock Casino my email address on file.	to send my annual activity "win loss" s	statement
Signature: Date:			
Return your co	mpleted form to the address b	elow, or present in person at the	Players Club.

Rain Rock Casino Attn: Marketing Department 777 Casino Way Yreka, CA 96097

Allow 1-2 weeks to receive your statement.