

GAMING HISTORY REQUEST FORM

Please complete this form and mail to:

RIVERS CASINO OFFICE

Attention: Win/Loss Request

3000 S. River Road

Des Plaines, IL 60018

Or scan the completed form to:

riverswinloss@midwestgaming.com

TAX YEAR REQUESTED

2011 2012 2013 2014 2015 2016 2017 2018

FIRST NAME

MIDDLE INITIAL

LAST NAME

DATE OF BIRTH

RUSH REWARDS PLAYER CARD NUMBER

ADDRESS

CITY

STATE

ZIP CODE

(This section to be completed only if being requested sent to address different than on the account)

E-mail address

I request that Rivers Casino – Des Plaines provide my historical gaming activity. In consideration for this information, I hereby release Rivers Casino – Des Plaines and its parent and affiliated companies, and all of their respective officers, directors, employees, 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 claims. I understand that the information requested is generated from internal marketing systems and is not intended to be or take the place of my own records of my gaming activity. Rivers Casino – Des Plaines makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

PATRON SIGNATURE _____ DATE _____

Your request cannot be processed without your signature. All statements will be mailed to the address that we have on file, unless otherwise listed.

Requests will be processed after January 15th of current year. Please allow up to 4 weeks for processing. If you have questions regarding your win/loss statement, please call 847-795-0777



For Office Use

Completed by (Initials/badge #) _____

OR To Be Processed (Circle one): MAIL

EMAIL

FAX

PICK UP

(Email shown in Rush Rewards will be used unless otherwise indicated)