



WIN/LOSS STATEMENT REQUEST FORM/AGREEMENT

Upon completion of this form, FireKeepers Casino will gather data from FireKeepers Red Hot Reward system to calculate an overall Net Win/Loss Estimate for the time period/year requested. Guests must possess a Red Hot Rewards Club card and use it in order for our player rating system to record Win/Loss amounts.

FireKeepers Casino must have an original, signed request **before** releasing information. Fax copies are not accepted. Please allow 10-14 calendar days for processing.

Please note that FireKeepers Casino's player rating system is designed for marketing purposes only. FireKeepers Casino does not warrant the accuracy or completeness of the information. Please consult IRS guidance documents and your tax advisor for advice on reporting requirements for gambling winnings and/or losses.

Requests for information can only be granted to those holding a valid FireKeepers Casino Red Hot Rewards Card. Third party requests will not be honored unless FireKeepers Casino is required to divulge such information to a third party under applicable law.

By signing below, I hereby certify that the information contained herein is true and accurate and I authorize FireKeepers Development Authority d/b/a FireKeepers Casino to provide me with my historical gaming activities for the timeframe specified below.

Further, I agree to indemnify and hold harmless FireKeepers Development Authority d/b/a FireKeepers Casino, Gaming Entertainment (Michigan), LLC and their respective officials, employees, and representatives against any and all claims, causes of action, liabilities, expenses, losses and damages, including but not limited to attorney fees and litigation costs, arising out of or relating to the information and its release as a result of this request.

Please print legibly and fill out the information below completely. Incomplete requests will not be processed.

Guest Name: _____ Red Hot Rewards Card # _____

Day Telephone #: () _____ Social Security #: _____

Current Address: _____
Street City State Zip

Date(s) Win/Loss Estimates Requested: From: _____, 20____ through _____, 20____.

Guest Signature: _____ **Date:** _____