

GAMING ACTIVITY REQUEST FORM

| Name: | |
|---|--|
| Passport Card Number: | |
| Date of Birth: | |
| Email Address: | |
| Mailing Address: | |
| City/State/Zip: | |
| Is this a change of address? ☐Yes ☐ No | |
| Telephone: | |
| Please provide me with a: Win/Loss statement for the year: Jackpot statement for the year: Promotional statement for the year: prefer statement to be: Mailed Emailed do hereby certify that the statements contained herein are to ubsidiaries, affiliates, and agents, to provide to me a promoti tatement of my gaming activity derived from the above reference in Lake Casino and its respective past and present agents, en uccessors, and affiliated persons, organizations, and companients, losses, damages, attorney's fees, and expenses which I, third party may have arising out of or relating to this request of account Holder's Signature is Required Below | onal statement, a jackpot statement, or a win/loss enced account. I agree to indemnify and hold harmless imployees, managers, representatives, officers, directors, ies, from any and all suits, causes of action, liabilities, or my administrators, executors, agents, assignees, or any |
| Account Holder's Signature | Date |
| f Account Holder does not present request in person, Accound Holder may receive or request a gaming activity statement. A shoto ID acceptable to Gun Lake Casino in its sole and absolut SUBSCRIBED AND SWORN TO before me on the day of, 20 | ccount Holder MUST present valid Government issued re discretion. |
| Please present this request to the Rewards Center at Gun Lake Casino. If this request is no | |
| Gun Lake Casino: Gami | |

1123 129th Ave, Wayland MI 49348

| GUN LAKE CASINO USE ONLY | | |
|--|-----------|-------------------------------|
| Type of Valid ID Verified (Driver's License, Passport, etc.) | ID Number | Verifier's Signature and Date |
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