



## GAMING HISTORY REQUEST FORM

**~ YOUR GAMING HISTORY STATEMENT WILL BE MAILED TO YOUR ADDRESS ON FILE ~**

Please Verify We Have Your Current Mailing and/or Email Address before Submitting Your Request  
*Address changes can be made at the Prairie Band Player's Club.*

**\*\*PLEASE ALLOW 2-4 WEEKS FOR PROCESSING YOUR REQUEST\*\***

Tax Year(s) Requested: \_\_\_\_\_

Patron Name: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
MM/DD/YY (Required if card number is not available.)

Prairie Player Card Number: \_\_\_\_\_ Please indicate preferred method of correspondence:

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

The statement you will receive in 2-4 weeks represents play tracked in our Player Tracking System while your Prairie Band Player's Club Card was being used. Your signature is still required for requests submitted via email and/or fax.

Please read and sign below: **Your request cannot be processed without your signature!**

I request that Prairie Band Casino and Resort provide my historical gaming activity from all properties it or any of its subsidiaries or affiliates currently owns, operates or manages. In consideration for this information, I hereby release Prairie Band Casino and Resort, its parent and affiliated companies, and all of their respective officers, directors, employees, and agents 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. Prairie Band Casino and Resort 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: \_\_\_\_\_

Mail your form to:	Prairie Band Casino and Resort Attention: Revenue Audit 12305 150 <sup>th</sup> Road Mayetta, KS 66509 Email: <a href="mailto:pbwinloss@pbpgaming.com">pbwinloss@pbpgaming.com</a>	OR	Bring your completed form to the Property or fax to (785) 966-7640
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In order to ensure your request is processed in time for the current tax year, please submit your request by March 15<sup>th</sup>.