Gaming History Win/Loss Request Form

Note: Majestic Star Casino is unable to provide current year statements of play until the end of the year. Please do not complete this form unless it is a request for a previous year's statement of play.

PLEASE PRINT

Name: _____
First Name Middle Initial Last Name

Address: _____

City: _____ State:_____ ZIP: _____

Phone: (_____)_____

Date of Birth: _____/_____/_____ Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
MM/DD/YY

Majestic Rewards Card Number:_____

Tax Year(s) Requested: _____

I am requesting that Majestic StarCasino, LLC (MSC) provide my historical gaming activities for the year(s) listed and above. I hereby release and hold harmless MSC and its respective officers, directors, employees and agents from any and all claims arising from or relating to the release of the above information. MSC makes no warranty or representation, express or implied, as to accuracy of the information or its effectiveness as proof of win/loss. Valid photo identification must accompany this form. Forms received via fax must include a copy of valid photo identification.

Player Signature _____ Date: _____/_____/_____
MM/DD/YY

Mail or Fax Form to:
Majestic Star Casino, LLC
Finance Department
One Buffington Harbor Drive
Gary, Indiana 46406-3000
Fax: 219-401-0849

Please allow two weeks for processing. Statements will be mailed to the address on patron's valid photo identification.

Must be 21. Gambling Problem? Call 1-800-9-WITH-IT.