



DATE RECEIVED: _____

INITIALS: _____

Request Player's Club W-2G

Players Information:

Name: _____ Player's card # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Social Security#: XXX-XX-_____

Please Release information concerning my Slot activity for the period ending _____.

I request that Ocean Downs Casino provide my gaming activity for the time period as indicated. I understand the Ocean Downs Casino makes no representation of warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses nor is it intended to take the place of my own records of gaming activity. In consideration of providing this information, I release Ocean Downs Casino and affiliated companies 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 claim.

Signature: _____

Mail: _____

Pick-Up: _____

Employee use only:

Players Account#: _____ Last Name: _____

ID Number#: _____ State Issued: _____

Verified By: _____ Badge#: _____

Date Win/Loss Printed: _____

(Date Mailed: ____/____/____ OR Date Picked -Up: ____/____/____)