



OCEAN DOWNS
CASINO

Date Received: _____

Initials: _____

Request for Player's Club
W-2G

Please complete this form in its entirety, sign, and either fax back to (410) 629-6678 or scan and email to od_auditreports@oceandowns.com

Player's 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: Yes _____ No _____ (if mail is selected, your requested documents will be mailed to the address we already have on file, which may or may not match the one listed above.)

Pick up: Yes _____ No _____ (if pick up is selected, your requested documents will be available at Ocean Downs Casino only after we are officially allowed to reopen.)

Please Note: This request may take 4-6 weeks to process.

Employee use only:
Players Account#: _____ Last Name: _____
ID Number#: _____ State Issued: _____
Verified By: _____ Badge#: _____
Date Win/Loss Printed: _____
Date Mailed: ___/___/___ OR Date Picked Up: ___/___/___