



Gaming History Win/Loss Request Form

NOTE: Majestic Star Casinos 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

Club Majestic Card Number: _____

Tax Year(s) Requested: _____

I am requesting that Majestic Star, LLC (Majestic Star Casinos) provide my historical gaming activities for the year(s) listed above. I hereby release and hold harmless Majestic Star Casinos and its respective officers, directors, employees and agents from any and all claims arising from or relating to the release of the above information. Majestic Star Casinos makes no warranty or representation, express or implied, as to accuracy of the information or its effectiveness as proof of win/loss.

Player Signature _____ Date: ____/____/____

Mail or Fax Form to:
Majestic Star Casino
Finance Department
Attention: Ramona Kerney
One Buffington Harbor Drive
Gary, Indiana 46406-3000
Fax: 219-977-7745

MM/DD/YY

Please allow two weeks for processing. Statements will be mailed to the address listed above.

Must be 21. Gambling Problem? Call 1-800-9-WITH-IT. ©2008 Majestic Star, LLC