

  
**DELAWARE PARK**  
**CASINO**  
 & R A C I N G  
**PLAYER REWARDS CLUB**

# WIN/LOSS REQUEST FORM

Please complete this form in its entirety. Guests may enter only the last four digits of their social security number, if so desired. Please mail or fax the form (302-993-8977) as per the directions below.

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (      ) \_\_\_\_\_ SSN \_\_\_\_\_ Players Club Account # \_\_\_\_\_

Please release information concerning my casino/track activity for the period ending \_\_\_\_/\_\_\_\_/\_\_\_\_

I request that Delaware Park provide my gaming activity for the time period as indicated. I understand that Delaware Park 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 Delaware Park and affiliated companies from any and all claims arising from or related to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYEE USE ONLY

Player's Account # _____	Last Name _____
ID # _____	State Issued _____
Verified by _____	Badge # _____
Date Picked Up ____/____/____	Date Mailed ____/____/____
Date Win/Loss Printed _____	Date Filed ____/____/____