



Request for Player's Club Win/Loss Statement Request Form

Please complete this form in its entirety, sign and date, and include a picture of yourself while holding your valid photo ID. Mail both documents to this address:

New Hampshire Group, LLC
Attn: Finance Department
887B Central Ave
Dover, NH 03820

Year(s) Requested (mark all that apply):

2022 2023

DELIVERY METHOD:

Mail: If mail is selected, a **clear picture of you holding a valid photo ID is REQUIRED with your request** in order to process your requested documents. Requested documents will be delivered by mail **to the address on file.**

Yes No

Pick Up: For faster service, visit the Player Services desk at any of our New Hampshire casino locations to request your Win/Loss Statement. Valid photo ID is required at time of pick-up.

GUEST INFORMATION:

Printed Name: _____

Rebel Redemption Player's Card # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email: _____

I request that New Hampshire Group, LLC provide my gaming activity for the time period as indicated. I understand the New Hampshire Group, LLC 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 New Hampshire Group, LLC and its affiliated persons and 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: _____

Date: _____

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

Team Member Use Only:	
Players Account#: _____	Last Name: _____
ID Number#: _____	State Issued: _____
Verified By: _____	Badge#: _____
Date Mailed: __/__/____ OR Date Picked Up: __/__/____	