

Date Mailed:

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 <u>both</u> documents to this address: New Hampshire Group, LLC Attn: Finance Department 887B Central Ave Dover, NH 03820

Year(s) Reque	ested (mark all that apply	·):			
□ 2023	□ 2024				
DELIVERY ME	THOD:				
Mail: If mail is	s selected, a clear picture	of you holding a valid	d photo ID is REQUI	RED with your request	
•	ocess your requested doo	cuments. Requested do	ocuments will be de	livered by mail to the	
address on fil					
□ Yes	□ No				
Pick Up: For f	aster service, visit the Pla	over Services desk at ar	nv of our New Hamr	oshire casino locations to	
-			•		
GUEST INFOR	PMATION:				
	2:				
	ption Player's Card #				
				·	
City:		State:	Zip:		
Phone: ()				
Email:					
Hampshire Grou effectiveness as providing this in claims arising fro	ew Hampshire Group, LLC prov p, LLC makes no representatio proof of losses nor is it intende formation, I release New Ham om or relating to the informati	n of warranty, express or ir ed to take the place of my o pshire Group, LLC and its a <u>f</u>	mplied, as to the accura own records of gaming o ffiliated persons and cor	cy of this information or its activity. In consideration of appanies from any and all	
persons harmles	s from any such claim.				
Signature:		D	Date:		
	_		_		
		his request may take 4	1-6 weeks to proces.	s.	
	Team Member Use Or	niy: Last Nam	ne.		
		State Iss			
	Varified By:	Badge#:			

OR Date Picked Up: / /