



## REQUEST FOR PLAYER'S CLUB WIN/LOSS STATEMENT REQUEST FORM

*Please complete this form in its entirety, sign and date, and include a readable picture of yourself while holding your valid photo ID.*

*If MAIL delivery method is selected, 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):

2024       2025

**DELIVERY METHOD:**

**Mail:** If mail is selected, a **readable, 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 or the preferred address below:

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:**

Player Card Account #: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Verified By: \_\_\_\_\_ TM Badge #: \_\_\_\_\_

Date Mailed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR Date Provided to Guest by Player Services: \_\_\_\_ / \_\_\_\_ / \_\_\_\_