



WIN-LOSS REQUEST FORM

Terms

I certify that the statements contained herein are true and correct, and hereby request that French Lick Resort • Casino provide me with the information requested above. I understand that it is my responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless French Lick Resort • Casino, its subsidiaries and affiliates, and their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages, and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information. For more information, contact the IRS or see IRS Tax Topic 49 <http://www.irs.gov/taxtopics/tc419.html>

Win-Loss Statement: Document indicates estimated play activity (win or loss) based upon observable and/or carded gaming activity.

All information must be legibly printed and complete to process form.

| | | |
|------------|-----------|--------|
| First Name | Last Name | Middle |
|------------|-----------|--------|

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

| | | |
|------------------------|---------------------|----------------------------|
| Social Security Number | Club Account Number | Date of Birth (mm/dd/yyyy) |
|------------------------|---------------------|----------------------------|

| | | |
|--------------|---------------|--------------------|
| Phone Number | Email Address | Tax Year Requested |
|--------------|---------------|--------------------|

| | |
|------------------------|------|
| Signature (Required) | Date |
|------------------------|------|

By affixing my signature on the line above, I agree to the terms stated above and I hereby affirm, under the penalties of perjury, that the requestor and signatory are one and the same person.

Please complete the request form and mail to:

Win-Loss Statements
C/O French Lick Resort • Casino
8670 West State Road 56
French Lick, IN 47432

(Mailed requests will be processed. Email and fax copies will not be accepted.)

Please allow 7 – 10 Business Days to Process Your Request.

Your request will be mailed to the address listed on the account. Thank you