

BLUE CHIP CASINO HOTEL
2 Easy Street
Michigan City, IN 46360
(888) 879-7711

GAMING ACTIVITY REQUEST FORM

Win/loss information has been gathered to assist Blue Chip Casino, LLC management. It is strictly an observed estimate of win/loss that has been gathered for internal management purposes. The information (i) is based on player-tracking information which includes only win/loss from play when a player's club card is inserted in a slot machine or when the player is engaging in rated play at a table game, and (ii) may not accurately reflect the amount of a player's win/loss since the player can play when the club card is not inserted in a slot machine or the player is not being rated at a table game, and (iii) is derived from a system that does not verify the identity of the person using a player's club card, and (iv) may include estimated amounts of win/loss to correct human error in inputting information. Therefore, although this information can be considered a reliable estimate of the win/loss from rated play on table games and slot machine play with a player's club card, Blue Chip Casino, LLC does not warrant that the win/loss reported is exactly equal to a player's actual win/loss for the year.

Upon completion of this form, we will gather the data from Blue Chip Casino's rating system to calculate an overall NET win/loss estimate for the year requested. Guests must possess a rewards card and use it in order for our rating system to record win/loss amounts.

Requests for information can only be granted to those holding a valid Blue Chip Casino rewards card. Third party requests will not be honored unless Blue Chip Casino is legally required to divulge such information to a third party.

Please print legibly and complete ALL blanks. **Incomplete requests will not be processed.**

Guest Name: _____ Guest Card #: _____

Day Telephone #: () _____ **Social Security #** : _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Information requested from: _____, 20____ through _____, 20____

Please send now: _____ OR Please send after the following date: _____

SIGNATURE: _____ **DATE:** _____