



Win/Loss History Request
Rocky Gap Casino Resort
ATTENTION: Accounting Department

To Whom It May Concern:

Please forward a printout of my win/loss history at Rocky Gap Casino Resort.
My information is as follows:

Name: _____

Patron Id No: _____

Year(s) Requested: _____

Please forward the information to the following address:

Thank you for your attention to this matter!

Sincerely,

Signature

Printed Name

This form can be sent to us via:

ATTENTION: Accounting Department
16701 Lakeview Road, NE • Flintstone, Maryland 21530

Fax: 301.784.8468 • Email: winloss@rockygapcasino.com