



Win/Loss Statement Request

I am requesting a record of my play for the year(s) of _____.

Signature

Date

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

DATE OF BIRTH _____

REWARDS CARD # _____

Requests will be sent out after January 1st.

Please mail to: Rising Star Casino & Resort
 Attn: Rewards Club
 777 Rising Star Dr
 Rising Sun, IN 47040

Or fax to: (812) 438-5165

Reservations 1-800-472-6311 * Rising Star Casino 1-812-438-1234 * Rewards Club 1-812-438-5139
www.RisingsStarCasino.com