



Win-Loss Request Form

(Document estimating play activity based on carded gaming activity)

Please print all information clearly.

*Required fields

Tax Year Requested: _____

*First Name	*Middle Name	*Last Name	
*Street Address	*City	*State	*Zip Code
*Date of Birth (mm/dd/yyyy)	*CQ Rewards Number		
Phone Number	Email Address		

Preferred Delivery Method (allow up to 4 weeks for processing)

Pick up in person from
Player’s Club

Mail a copy to the address
listed on this form

Email a copy to the email
address listed on this form

Release and Indemnification

I hereby request that DraftKings at Casino Queen provide me with the information requested above. In consideration of this information, I hereby release Casino Queen, Inc. and its parent and affiliated companies, and all of their respective officers, directors, employees, from any and all claims arising from or relating to the information and its release and further agree to indemnify and hold these entities and persons harmless from any such claims. I understand that the requested information is generated from internal systems and is not intended to be or take the place of my own records of my own gaming activity. Casino Queen, Inc. makes no representation or warranty, express or implied, as to the accuracy of this information.

Signature (Required): _____ **Date:** _____

Your request cannot be processed without your signature. You must include a copy of a valid, government issued ID with this form.

Email winloss@dkatcq.com or call 618-261-8002 with any questions.

Mail completed form & self-addressed stamped envelope to:

**DraftKings at Casino Queen
Attn: Win/Loss Requests
200 South Front Street
East St. Louis, IL 62201**

Or email completed form to:

winloss@dkatcq.com