

LENAPE ENTERTAINMENT, LLC

AUTHORIZATION FOR RELEASE OF WIN/LOSS STATEMENT

Name:	Date of Birth
Address	
City/State/Zip:	Phone #:
Email Address:	Players Club Account #:

If you are releasing the information to someone other than yourself complete the following:
I hereby authorize Lenape Entertainment, LLC to release my win/loss statement to:

Name of Person, Entity or Facility		
Address		
Phone:	Fax:	Email:

Name of Casino or Casinos: *(check all that apply)*

- Casino Oklahoma, Hinton Oklahoma
 Gold River Casino, Anadarko Oklahoma

Method of return: Fax Email Standard Mail

Year of win/loss statement being requested: _____

I understand that the information I have authorized the release of is confidential in nature. The Lenape Entertainment, LLC shall not be responsible for the restriction of access to the confidential information once it has been submitted to the person or entity authorized on this form. Any disputes arising out of the release of this information shall be governed by the laws of the Delaware Nation and I affirmatively consent to the jurisdiction of the Delaware Nation's courts.

Signature: _____ Date: _____

Return this signed form with a copy of a valid state issued picture ID to:
Lenape Entertainment, LLC
Attn: Players Club Manager
P.O Box 487
Anadarko, OK 73005

Or you may fax it to: (405)-247-6716