

Dear Player:

I,		, request the
following information from the Nor	th Star Mohican Casino Resort:	
-	ot be processed until January	2026, allow up to 3 weeks from January 1st
for statements to be processed.		
Casino Bingo		DuplicateW2G
(please place an x in all boxes you seek inf	formation from)	
Win/Loss Statement for year:		
(please indicate which year(s) you seek inf		ngo)
Please Select Delivery Method:	Mail	Email
Mailing Address:		
City:	State:	Zip:
Email:	Phone Number _	
Star Club Card Number:		Birth Date:/
Signature:		Date:/

North Star Mohican Casino Resort Star Club is not responsible for any errors or misinformation included in this report. By signing this request form, I agree that I am the primary account holder and have the right to receive this information.

I understand that the information included on this report may not be complete with all gaming activity since only activity recorded while using the Star Club account card above is available.

We may process the information you provide and use to: provide you with marketing material such as newsletters, publications, blog updates, social media feeds and other marketing information, deliver any requested information, products or services, or to provide you with customer service, update and maintain our internal guest, subscriptions or email lists and databases. We will not sell your personal information to third parties.

You may email this form to info@northstarcasinoresort.com. Otherwise, print and mail back attention Marketing Dept, W12180 County Road A Bowler, WI 54416.