

Casino Queen Marquette

GAMING HISTORY REQUEST FORM

Patron

Name: _____

Please Print (Last) _____ (First) _____ (Middle Initial) _____

Member Card Number: _____ Year Requested: _____

E-mail Address: _____

Social Security Number

(last 4 digits): _____

Mailing

Address: _____

(Street)

(City)

(State)

(Zip Code)

(Phone Number)

Patron

Signature: _____ Date: _____

*NOTE – Current year is not available until January 1st the following year. Please allow up to 4 weeks for processing.

Please sign and return completed form to:

Casino Queen Marquette
Attention: Cage Manager
100 Anti-Monopoly St
Marquette, IA 52158

Or Fax to: 563-873-3993