Ojibwa Casinos
Annual Activity Statement Request Form

Fill out this request form completely and sign. Please use blue or black ink and print clearly. Allow two (2) weeks to process your request. You may mail, fax, or deliver your completed Annual Activity Statement Request Form in person to any Players Club Desk or Casino Cage. Requests may be sent or faxed to:

Mail: Ojibwa Casinos
Accounting/Audit Dept.
16449 Michigan Avenue
Baraga, MI 49908

Fax: Ojibwa Casinos
Accounting/Audit Dept.
906.353.8308

For privacy purposes, the requested Annual Activity Statement will be mailed to the address you specify below. If you would like your Annual Activity Statement faxed to you, please provide a fax number including area code in the appropriate field below. Your Annual Activity Statement will include estimated Slot and Table Games win/loss information from the following Ojibwa Casino properties: Ojibwa Casino Resort-Baraga and Ojibwa Casino II-Marquette. The tracking system used to arrive at this amount is dependent upon use of your Players Club Card. Therefore, this statement will not reflect an accurate accounting record—it merely provides an estimate you can use to compare to your own records. **For Security purposes, a copy of your driver's license or state ID must be included with any request.**

Today's Date ___ ___ / ___ ___ / ___ ___ ___ ___

Name _____ ___ _____
First Name MI Last Name

Date of Birth ___ ___ / ___ ___ / ___ ___ ___ ___

Tax Identification Number or Social Security Number (last four digits only) ___ ___ ___ ___

Players Club Account Number _____

Tax Year Requested: ☐2026 ☐ 2025 ☐ 2024

Address:_____

City, State, ZIP:_____

Specify a Fax Number for Delivery:

Area Code and Number (_____)_____

I do hereby certify that the information contained herein is true and correct, and I hereby authorize Keweenaw Bay Indian Community, its Subsidiaries, Affiliates and Agents, to provide me a win/loss statement of my gaming activities derived from my Players Club account history. In consideration for this, I agree to indemnify and hold harmless Keweenaw Bay Indian Community and its past and present agents, directors, employees, managers, representatives, officers, successors, affiliated persons, organizations, and companies from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request. I understand that the information requested is generated from internal marketing systems and is not intended to be or take place of my own records of my gaming activity. Keweenaw Bay Indian Community makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

Customer Signature_____

Ojibwa Casino Audit Use Only

Date Received:___ ___/___ ___/___ ___ ___ ___

Processed By:_____

Processing Completed Date: :___ ___/___ ___/___ ___ ___ ___