



## WIN/LOSS STATEMENT REQUEST FORM (PLEASE PRINT)

I am requesting a Win/Loss Statement for the following year(s) \_\_\_\_\_

Slot Pay

Table Play

Both

Name: \_\_\_\_\_

Fan Club Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ (State) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I would like my statement:  Mailed  Faxed: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information will be turned into Player's Club Department (Fan Club)

Or

Can be faxed or mailed back to you.

Please allow 7-10 business days.

Player Development FAX #: (337) 430-2912