Win/Loss Request



Date:		Contact Phone:	
Customer N	Name:		
Player's Card Number D		Date of Birth:	
	Please mail statement to address on file.	Year being requested:	
	I will pick up statement at Players' Club.		
Signed:			
	Please allow 3 to 5 business days fo	r your request to be processed.	
or sign the a	, ,	ner request the statement in person at our Player's Club y Public must complete their portion of the form below.	
State of	County/Parish of	SS:	
	day of, 2		
		, known to me (or satisfactorily proven) to be the	
person who	se name is subscribed to the within instrument a	and acknowledged that he/she executed the same for	
the purpose	es therein contained. In witness whereof, I hereu	nto set my hand and official seal.	
	Notary ₋		
My Commis	sion expires:	 SEAL	

RW-PC-001b 4/7/2010