



Request for a "WIN/LOSS Statement" for the year:

Year:

Name: _____

Players Club #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

The IRS recommends that you keep your own records of your gaming activity.

I do hereby certify that the information contained above is true and correct, and I authorize Magic City Casino to provide me with myPlayersClub account gaming activity. In consideration of this, I agree to release and hold harmless Magic City Casino, and all of its directors, employees, officers, managers, affiliated persons, and representatives 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.

Patron Signature: _____ Date: _____

PLEASE NOTE: WIN/LOSS requests will be processed within 7-10 business days.

For Internal Office Use Only:

Date Requested: ____/____/____

____ Mail form(s) to the address on file.

____ Patron will pick up form(s) at the Players Club (Please bring your Photo ID).

Employee Name: _____ Badge Number: _____

Employee Signature: _____

Preparer: _____