



## REQUEST FOR WIN/LOSS STATEMENT

Player Extras Club card number \_\_\_\_\_

Player's Name \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Win/Loss Statement for Tax Year \_\_\_\_\_

I hereby request that Saratoga Casino Black Hawk provide my historical gaming activities for the year(s) listed above.

Player Signature \_\_\_\_\_

**Please mail, fax or email the completed form to:**

Saratoga Casino Black Hawk  
PO Box 427, Black Hawk, CO 80422  
[info@saratogacasinobh.com](mailto:info@saratogacasinobh.com)  
303.582.6170 fax