



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 along with a photocopy of your Identification to:

Saratoga Casino Black Hawk
PO Box 427, Black Hawk, CO 80422
info@saratogacasinobh.com
303.582.6170 fax