



THE CASINO @
DANIA BEACH

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

2018:

Name: _____

Players Club Number: _____

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 The Casino at Dania Beach to provide me with my Players Club account gaming activity. In consideration of this, I agree to release and hold harmless The Casino at Dania Beach, 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 Statement Requests will be processed and mailed or pick up 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: _____