



## WIN/LOSS STATEMENT REQUEST

I am requesting a record of my play for the year of \_\_\_\_\_.

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Signature

Date

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_

PLAYERS ADVANTAGE CLUB® # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Request will be sent out after the first of the year.

Please return to:   Marketing Department  
                                  Attn: Players Advantage Club  
                                  600 Grand Victoria Drive  
                                  Rising Sun, IN 47040

or fax to:               (812) 438-5151