



19400 Tuolumne Road North, Tuolumne, CA 95379
Main: 877-747-8777 | Players Club 209-928-9412 | Fax 209-928-9301

WIN/LOSS STATEMENT REQUEST FORM

I am requesting a copy of my win/loss activity from my Players Club card records for the year of:

Circle Tax Year Requested:

2017

2016

2015

2014

2013

CONTACT INFORMATION

Method of Delivery (check one): Mail Email

FULL NAME: _____

PLAYERS CLUB CARD #: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Please allow up to 10 business days to process, and additional days for delivery.

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Black Oak Casino Resort, its Subsidiaries, Affiliates and Agents, to provide me a Win/Loss Statement of my gaming activity derived from my Players Club account. I agree to indemnify and hold harmless Black Oak Casino Resort and its respective past and present agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, or executors, agents, assignees or any third party may have arising out of or relating to this request. I understand the information requested is generated from internal casino systems and is not intended to be or take the place of my own records of my gaming activity. Black Oak Casino Resort makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses. By signing this form I am acknowledging that I have the legal right to request this form.

Player Signature: _____ Date: _____

Black Oak Casino Resort Use Only:

Received By: _____ Received Date: _____ Badge #: _____