



## Table Games & Slots Gaming Win/Loss Request Form

*(If requesting Keno Win/Loss, please contact the Players Services)*

**PLEASE PRINT**

Name:

\_\_\_\_\_

First Name	Middle Initial	Last Name
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Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*(Note: Win/Loss Statements will only be mailed to address on file at the casino otherwise it will have to be personally picked up at Players Services.)*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  MM      DD      YY

Players Club Card Number: \_\_\_\_\_

Tax Year(s) Requested:

- 2015     2014     2013     2012     2011     2010  
 2009     2008     2007     2006

I am requesting that Silver Slipper Casino Venture, LLC provide my historical gaming activities for the year(s) listed above. I hereby release and hold harmless Silver Slipper Casino and its respective officers, directors, employees and agents from any and all claims arising from or relating to the release of the above information. Silver Slipper Casino makes no warranty or representation, express or implied, as to accuracy of the information or its effectiveness as proof of win/loss.

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email, Mail or Fax Form to:**  
win-loss@silverslipper-ms.com  
Silver Slipper Casino  
P.O. Box 3270  
Bay St. Louis, MS 39521  
Fax: 228-469-2728

*Please allow 7 to 10 business days for request processing.*