



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
------------	----------------	-----------

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:

- 2016 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.