

## **Request for Win-Loss Statement**

Please complete the following form and provide all of the requested information. The form is provided in a fill-in format. After the form is completed, please print and sign it. The form can be mailed, faxed, or scanned and emailed to us. Our contact information is as follows:

**FAX:** 218-878-2418

**Email:** winloss@fdlrez.com

MAIL: Black Bear Casino Resort

Attn: Players Club

	1785 Hwy 210 / P.O. Box 777 Carlton, MN 55718	<b>Phone:</b> 1-888-771-0777
Players Club Membe	er Name:	
Players Club Account	Number:	
Calendar Year(s) Red	quested (Ex 2018, 2019):	
Mailing Address:		
City	State	Zip
Email reply: YES	NO	
Phone:	Email address:	
Resort furnish me with use. I understand the gaming win and or lo Black Bear Casino Re Lake Superior Chippe	h a Win-Loss Statement for the cale figures contained in the statement r oss and is only that of which was re osort Players Club card. I hereby ag	erior Chippewa, d/b/a Black Bear Casind andar years listed above for my personal may not be indicative of my complete ecorded while utilizing my personal ree to hold the Fond du Lac Band of ort harmless of any errors that may
By executing this document I ver punishable by law. Incomplete, il	ify that I am the primary account holder. I understand llegible requests will not be fulfilled.	I that falsifying my identity is a fraudulent act and is
Member Signature		Date

Internal Use: Date of Report\_\_\_\_\_\_Initials of Rep\_\_\_\_\_Form Updated: 4/17/19