



Win/Loss Request Form

Name (First, Middle, Last): _____

Player's Club Card Number: _____ Date of Birth ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

Please provide me with a statement for the tax year: _____

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize The Black Hawk Casino to provide me the above requested statement(s). By signing below, I agree to release The Black Hawk Casino, its officers, directors, employees, and agents from and against any loss, cost, expense, (including attorney's fees and costs) damages, liability, or claims of any kind. I agree to indemnify The Black Hawk Casino from and against all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and costs which I, or my spouse, administrators, executors, agents, assignees, or of any third party may have arising out of or relating to this request.

In witness whereof, I have executed this request

At: SHAWNEE (city) OK (state) on the _____ day of _____, 2020.

Guest's Authorized Signature