



## Request for Win/Loss Statement

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year Requesting: \_\_\_\_\_

Player's Signature: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_