



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:

MAIL: Fond-du-Luth Casino
Attn: Accounting
129 East Superior Street
Duluth MN 55802

Fax: (218) 720-5150
Email: fdlcwinloss@fdlrez.com
Phone: (800) 873-0280

Players Club Member Name _____

Calendar Year(s) Requested (e.g.,2011)_____

Mailing Address: _____

City _____ State _____ Zip _____

Phone_____

I hereby request a Win-Loss Statement for the calendar years listed above. I understand that the statement will only document slot play when the Players Club Card was in use. The statement is only an estimate and will not reflect play at table games, promotional prizes won or slots played without the Players Club Card. I agree to hold the Fond-du-Luth Casino and the Fond du Lac Band of Lake Superior Chippewa harmless for any errors that may be contained in the statement.

Member Signature_____ Date_____

For Internal use:

Date of Report_____

Initials of Accounting Representative_____