



### 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@fdlband.org](mailto:fdlcwinloss@fdlband.org)  
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\_\_\_\_\_