



PLAYER EXTRAS CLUB WIN/LOSS STATEMENT

PLAYER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SOCIAL SECURITY # (optional) _____

PLAYER EXTRAS CLUB ACCOUNT # _____

VGM gaming activity for the tax period ending _____.

I request that Saratoga Casino and Raceway provide my gaming activity for the time period as indicated. I understand that Saratoga Casino and Raceway makes no representation of warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses nor is it intended to take the place of my own records of gaming activity. In consideration of providing this information, I release Saratoga Casino and Raceway and affiliated companies from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claim. **Photo ID must accompany this form when presented at the Player Extras Club. Photocopy of Photo ID is acceptable if this form is mailed.**

SIGNATURE: _____ DATE: _____

MAIL: _____ PICK UP: _____

EMPLOYEE USE ONLY:

ACCOUNT #: _____ LAST NAME: _____

VERIFIED BY: _____ BADGE #: _____

DATE WIN/LOSS PRINTED: _____

(IF MAILED) DATE MAILED: _____

(IF PICKED UP) DATE PICKED UP: _____