



SARATOGA CLUB WIN/LOSS STATEMENT

This form must be completed and returned in person to the Saratoga Club or mailed to the address below.

Photo ID is required to process the request. Please allow 2 weeks for requests submitted by mail.

Mail requests must be accompanied by a copy of your photo ID.

PLAYER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SARATOGA CLUB ACCOUNT # _____

Gaming activity for the tax period ending _____

Please select delivery method. Mailed forms will be sent to the address on file at the Saratoga Club.

MAIL (please include copy of valid photo ID) PICK UP

I request that Saratoga Casino Hotel provide my gaming activity for the time period as indicated. I understand that Saratoga Casino Hotel 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 Hotel 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 Saratoga Club or a photocopy of your Photo ID must be submitted with the mailed form. Mailed forms should be sent to:**

Saratoga Casino Hotel
Attn: Club Manager
342 Jefferson St.
Saratoga Springs, NY 12866

SIGNATURE: _____ DATE: _____

EMPLOYEE USE ONLY:	
BADGE #:	_____
DATE WIN/LOSS PRINTED:	_____
(IF MAILED) DATE MAILED:	_____