



Please fill out completely and either fax to Bill's Gamblin' Hall & Saloon at 702.597.5708, or mail it to the address below. Thank you.

WIN/LOSS REQUEST FORM

Name: _____ Player Card#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Year Requesting: _____

I, _____ hereby authorize Bill's Gamblin' Hall & Saloon to send a Win/Loss statement for my slot and table play.

Signature

Date

OFFICE USE ONLY

Amount for Card Holder: _____

Date: _____ Initials: _____