

Please complete this form, sign, and send back to us.

Tioga Downs
Attn: Player's Club
2384 W. River Rd.
Nichols, NY 13812

Or FAX to: (607) 699-3712

TIOGA DOWNS

CASINO RESORT

Win/Loss Statement Request for Year_____

Account:_____ **Date of Request:**_____

NAME:_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

Acceptable ID *:_____

Requestors Signature:_____

Received by (Name and Badge #):_____

Completed by (Name and Badge #):_____

Date Mailed/Received:_____

*** Acceptable ID – Any state or government issued photo identification.
Please send a photo copy with request form.
Number must be documented.**