



FAIR GROUNDS RACE COURSE & SLOTS WIN/LOSS STATEMENT REQUEST

PLAYER INFORMATION:

NAME: _____

ADDRESS: _____

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

PHONE: _____

TWIN SPIRES SLOT REWARDS # _____

VGM gaming activity for the tax period ending _____

I request that Fair Grounds Race Course & Slots provide my gaming activity for the time period as indicated. I understand that Fair Grounds Race Course & Slots 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 Fair Grounds Race Course & Slots 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 to Fair Grounds Representative.

Photocopy of Photo ID is acceptable if this form is mailed.

SIGNATURE: _____ **DATE:** _____

Please select delivery method. If mail is selected information will be sent to the address on file at the Fair Grounds Race Course & Slots. **MAIL** (please include copy of valid photo ID) **PICK UP**

Email your request to: Mariah Grant, Mariah.Grant@fgno.com & Trenia Parker, Trenia.Parker@fgno.com

Mail your request to:

Fair Grounds Race Course & Slots / Attn: Marketing, Subj: Win/Loss, 1751 Gentilly Blvd., NOLA 70119

EMPLOYEE USE ONLY:

BADGE #: _____

DATE WIN/LOSS PRINTED: _____

(IF MAILED) DATE MAILED: _____