



Black Oak Casino  
Win/Loss Statement Request Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Birthday(m/d/y) \_\_\_\_\_

Year of Win/Loss Requested \_\_\_\_\_

Players Club # \_\_\_\_\_

Player Signature \_\_\_\_\_

Received By Signature and Badge # \_\_\_\_\_ (Internal Use Only)

Date Issued \_\_\_\_\_

**Please mail to Black Oak Casino 19400 Tuolumne Rd North,  
Tuolumne, California 95379 Attn. Players Club or Fax to (209) 928-9301**