Gaming History Win/Loss Request Form

NOTE: Fitz Casino & Hotel is unable to provide current year statements of play until the end of the year. Please do not complete this form unless it is a request for a previous year's statement of play.

PLEASE PRINT

Name: _____
First Name Middle Initial Last Name

Address: _____

City: _____ State:_____ ZIP: _____

Phone: (_____)_____

Date of Birth: _____/_____/_____ Social Security Number: ___-___-___ ___-___ ___-___-___-___
MM/DD/YY

Club Fitz Card Number: _____

Tax Year(s) Requested: _____

I am requesting that Barden Mississippi Gaming, LLC (Fitz Casino & Hotel) provide my historical gaming activities for the year(s) listed above. I hereby release and hold harmless Fitz Casino & Hotel and its respective officers, directors, employees and agents from any and all claims arising from or relating to the release of the above information. Fitz Casino & Hotel makes no warranty or representation, express or implied, as to accuracy of the information or its effectiveness as proof of win/loss.

Player Signature _____ Date: _____/_____/_____
MM/DD/YY

Mail or Fax Form to:
Fitz Casino & Hotel
Attn: Patrice Rush
711 Lucky Lane
Tunica Resorts, MS 38664
Fax# 662.363.3467

Please allow two weeks for processing. Statements will be mailed to the address listed above.

Must be 21. Gambling Problem? Call 1-800-522-4700.

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