



**WIN/LOSS REQUEST FORM** - Please print legibly

<b>Request Date:</b>	
<b>First/Last Name:</b>	
<b>Players Card #:</b>	
<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Phone #:</b>	
<b>Tax Year:</b>	

Place an 'X' in the box to select method of delivery:

Mail: Sent to mailing address on file unless change of address requested below

Change of Address:

\_\_\_\_\_

Address

\_\_\_\_\_

City/St/Zip

Email:

\_\_\_\_\_

Email Address

Pick Up at Mill Club Booth

Signature: \_\_\_\_\_

<b>Received By:</b>	<b>Date:</b> <span style="float: right; background-color: black; color: white; padding: 2px;">For Office Use Only</span>
<b>Completed By:</b>	<b>Date:</b>