



Request for Win-Loss Statement

Please complete the following form and provide all of the requested information. The form is provided in a fill-in format. After the form is completed, please print and sign it. The form can be mailed, faxed, or scanned and emailed to us. Our contact information is as follows:

MAIL: Black Bear Casino Resort
Attn: Accounting
1785 Hwy 210
PO Box 777
Carlton, MN 55718

Fax: (218) 878-2411

Email: winloss@fdlrez.com

Phone: (888) 771-0777

.....
Players Club Member Name: _____

Players Club Account Number: _____

Calendar Year(s) Requested (e.g.,2011): _____

Mailing Address: _____

City, _____ State _____ Zip _____

Email reply ___ YES ___ NO

Phone _____ Email address: _____

I hereby request a Win-Loss Statement for the calendar years listed above. I understand that the statement will only document slot play when the Players Club Card was in use. The statement is only an estimate and will not reflect play at table games, promotional prizes won or slots played without the Players Club Card. I agree to hold the Black Bear Casino Resort and the Fond du Lac Band of Lake Superior Chippewa harmless for any errors that may be contained in the statement.

Member Signature

Date

For Internal use:

Date of Report: _____

Initials of Accounting Representative: _____

Form Updated: 11/29/2011