



**Empire Card  
2011 Win / Loss Statement Request Form  
We mail to address on file**

<b>Name:</b>	<b>Empire Card Account Number:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	
<b>City/State/Zip:</b>	
<b>Telephone:</b>	<b>Email Address:</b>

**I do hereby certify the above information to be true and correct and I hereby authorize Empire City, its Affiliates and Agents to provide to me a Win/Loss Statement of my gaming activity derived from my Empire Card Account.**

\_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date

**Please bring this form to the Empire City Promotions Booth**

**Other methods to request a statement:**

**MAIL  
Win/Loss Department  
2011 Win/Loss Request  
Empire City Casino at Yonkers Raceway  
810 Yonkers Avenue  
Yonkers, NY 10704**

**Fax: 914.457.2419**

**For any questions or comments please call  
914.457.2515 or [winloss@yonkersraceway.com](mailto:winloss@yonkersraceway.com)**

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**DO NOT WRITE BELOW THE LINE. EMPIRE CITY USE ONLY.**

<b>Date Received:</b>	<b>Date Mailed:</b>
<b>Statement Year:</b>	<b>Completed By:</b>