

Please complete this form, sign, and send back to us.

Vernon Downs
Attn: Player's Club
4229 Stuhlman Rd.
Vernon, NY 13476

Or FAX to: (315) 829-3787



Win/Loss Statement Request for Year _____

Account: _____ **Date of Request:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Acceptable ID *: _____

Requestors Signature: _____

Received by (Name and Badge #): _____

Completed by (Name and Badge #): _____

Date Mailed/Received: _____

*** Acceptable ID – Any state or government issued photo identification.
Please send a photo copy with request form.
Number must be documented.**