



WIN/LOSS STATEMENT REQUEST

Name: _____ Club Fiesta Card#: _____
Address: _____ Date of Birth: _____
City/State/Zip _____ Phone#: _____
Social Security: _____ Email: _____

I do hereby certify that the statement contained herein is true and correct and I authorize Sunland Park Racetrack & Casino to provide me with a win/loss statement of my gaming activity derived from my Sunland Park Racetrack & Casino Club Fiesta account. In consideration for this information, I hereby release Sunland Park Racetrack & Casino and all of their representative officers, directors, employees and agents from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims.

Account Holder's Signature: _____

Date: _____ Win/Loss Statement Year Requested: _____

Please present this form along with a valid State ID in person at the Club Fiesta booth OR mail the original request with a copy of valid State ID to Sunland Park Racetrack & Casino at 1200 Futurity Dr, Sunland Park, NM 88063 OR fax form and copy of valid State ID to 575-589-1518. Attention Club Fiesta. Please allow 24 to 48 hours for your request to be processed.

Please indicate if you would like to pick up your statement in person or if you would like us to mail or fax it to you.

Pick Up: _____ Receive via Mail: _____ Fax#: _____