



Black Oak Casino
Win/Loss Statement Request Form

First Name _____

Last Name _____

Street Address _____

City _____

State _____

Zip Code _____

Birthday(m/d/y) _____

Year of Win/Loss Requested _____

Players Club # _____

Player Signature _____

Received By Signature and Badge # _____ (Internal Use Only)

Date Issued _____

**Please mail to Black Oak Casino 19400 Tuolumne Rd North,
Tuolumne, California 95379 Attn. Players Club or Fax to (209) 928-9301**