

TURNING STONE RESORT CASINO, LLC



**Forms may be faxed to 315 361-8554
or mailed to**

**Request for Win / Loss Statement
Player Services
5218 Patrick Road
Verona, NY 13478**



For further information call 1-800-771-7711

Years _____
Requesting: _____
Diamond Card _____
Number: _____
Name: _____
Current Mailing _____
Address: _____
City: _____ State _____ Postal Code _____
(Zip): _____
Phone Number: _____

Address to mail Win/Loss Statement (if different from above).

Alternative Mailing Address: _____
City: State: Postal Code (Zip): _____

***** Phone Number to fax your Win / Loss Statement to, if desired *****

Date of Birth (MM/DD/YY): _____

Social Security Number: _____

_____ Date: _____

Signature

Please submit a copy of your Driver's License