

PLEASE COMPLETE THIS FORM, SIGN, AND SEND BACK TO US.

VERNON DOWN CASINO HOTEL  
ATTENTION REWARDS CLUB  
4229 STUHLMAN ROAD, VERNON NY 13476

OR FAX TO : 315-829-3727

# VERNON DOWNS

— CASINO • HOTEL —

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.