

Gaming History Win/Loss Request Form

NOTE: Fitz Casino & Hotel is unable to provide current year statements of play until the end of the year. Please complete this from unless it is a request for a previous year's statement of play.

PLEASE PRINT

Name:				
	First Name	Middle Name		Last Name
Address:				
City:			_ State:	ZIP:
Phone: ()				
Date of Birth: /	1	Social Security Number:	1 1	
	/		//	
Club Fitz Card Number:				
Tax Year(s) Requested:				

I am requesting that Majestic Mississippi, LLC (Fitz Casino & Hotel) provide my historical gaming activities for the year(s) listed above. I hereby release and hold harmless Fitz Casino & Hotel and its respective officers, directors, employees and agents from any and all claims arising from or relating to the release of the above information. Fitz Casino & Hotel makes no warranty or representation, express or implied, as to accuracy of the information or its effectiveness as proof win/loss. Valid photo identification must accompany this form. Forms received via fax must include a copy of a valid photo identification.

Player Signature:	Date: / /
	Mail or Fax Form to: Fitz Casino & Hotel Attn: Casino Service Department 711 Lucky Lane Tunica Resorts, MS 38664 Fax # 662.363.7161
Please allow two weeks	s for processing. Statements will be mailed to the address listed above. Must be 21. Gambling Problem? Call 1-800-522-4799