

## 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
Adress:		
City:	State	e: ZIP:
Phone: ( )	_	
Date of Birth://	Social Security Number:/	/
Club Fitz Card Number:		
Tax Year(s) Requested:		
I am requesting that Majestic Mississippi, LLC (F I hereby release and hold harmless Fitz Casino 8 claims arising from or relating to the release of the or implied, as to accuracy of the information or it Forms received via fax must include a copy of a	A Hotel and its respective officers, directors, en ne above information. Fitz Casino & Hotel make is effectiveness as proof win/loss. Valid photo	mployees and agents from any and all es no warranty or representation, express
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