

Please Return form to:

Choctaw Casinos
(See below for casino mailing address)



Casino Patron:

The gaming history regarding your Player's Club Member card account is the cumulative win or loss amount from gaming activity for which your Player's Club Member card was used. A positive number indicates the amount you have won, while a negative number indicates a loss.

The information provided is recorded using the Player Performance System, which is utilized as a marketing tool, and the casino makes no representation as to the accuracy of this information. The information provided is based solely upon play using the Player's Club Member card and does not reflect wins or losses from games that do not accept the Player's Club Member card or if instances where the Player's Club Member card was not properly inserted or used.

This statement is not designed to replace a gaming diary which the IRS recommends that each player keep with important information such as dates of play, machine or table numbers, jackpot amounts and total wins or losses, Consult your tax advisor to utilize this document or a gaming diary in preparing tax returns.

A Win/Loss statement is not a substitute for W2G information, W2G may be requested on this form also, check the appropriate boxes.

Please provide a copy of Driver's License with this form.

*Thank you,
Casino Management*

Name	_____ / _____ / _____ <small>Last Name First Name Middle Name</small>	Players Club Card #	_____
	<small>Suffix</small>		
Social Security Number	_____	Date of Birth	_____ / _____ / _____ <small>Month Day Year</small>
<small>* For a Win/Loss (last 4 digits of the SSN) ** For copies of the W2G (full 9 digits SSN is needed)</small>			
Mailing Address	_____		
	<small>Street Address or P.O. Box</small>	<small>Apartment Number</small>	
City	_____	State	_____
Telephone	_____	E-Mail, if applicable	_____ @ _____
<input type="checkbox"/> Check, if the Member's information needs to be updated in the system.			

If all information is not obtained, then the request will not be completed.

Please provide a statement of my activity for the tax year (s): _____

The following document (s): (Please Check): **Win/Loss Statement** **W2G**

Delivery Route: (Please Check): **Mail** **Fax** **Email**

Fax Number including Area Code: _____

Please Mail or Fax to Site as needed

Durant- Mega 4418 S Hwy 69/75	McAlester 1638 S. George Nigh Expressway	Idabel 1790 Sourth Park Drive	Pocola 3400 Choctaw Road
Durant East and West TP Durant, Ok 74701 Fax: 580-931-2739	McAlester Too McAlester, Ok 74501 Wilburton TP Fax: 918-423-7938	Broken Bow Broken Bow, OK 74728 Broken Bow TP Fax: 580-584-5427	Poteau Pocola, Ok 74902 Stilger Fax: 918-436-7606
Grant 1515 U.S. Hwy 271	Stringtown P.O. Box 250	Idabel TP	Pocola TP
Grant TP Grant, Ok 74738 Fax: 580-317-4257	Stringtown TP Stringtown, Ok 74569 Atoka TP Fax: 580-346-7024		

Casino Guest's Authorized Signature Date

Casino Associate Signature/Gaming License # Date

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DO NOT WRITE BELOW THIS LINE. FOR CHOCTAW CASINOS USE ONLY.

Identification Type Provided

Photo Identification Attached

Verifier's Signature/Gaming License # and Date

Comments: _____