

Win/Loss Request Form

Request Date: _____

Guest Name: _____

Guest Signature: _____

Phone #: _____

D.O.B _____

Club Card #: _____

Place an 'X' in the box to select:

- 1) E-Mail
- 2) Fax
- 3) Mail
- 4) Pick-up at Club Barona

E-mail: _____

Fax #: _____

Mailing Address: _____

Last 4 SSN# _____

Drivers License/ID#: _____

(For Verification Only)

Automated Annual Win/Loss Statement: Yes No (Please circle one)

Email

Mail

Please choose one or more of the following options:

1) Annual Statement:	2) W2G: <i>(Will not be emailed)</i>	3) 1099: <i>(Will not be emailed)</i>
Year(s)	Year(s)	Year(s)
(includes w2g/1099 summaries)	(Actual Copy)	(Actual Copy)



****All information written on form needs to match what is in your Club Barona account in order to process accordingly.****

Date processed: _____

Processed by: _____

Player Relations Administration
 PlayerRelationsAdmin@barona.com
 1932 Wildcat Canyon Road
 Lakeside, CA 92040
 619-443-2300 * Fax 619-443-1522