



Win/Loss Statement Authorization

Date:

Name:

Player's Card #:

Address you would like statement mailed to:

I authorize Cadillac Jack's Gaming Resort 360 Main St Deadwood SD 57732 to release a win/loss statement for the year 20__.

Signature _____ Date: _____

Mail this completed form to the address below or fax to: 605-722-5467
Cadillac Jack's Gaming Resort
C/O Cori
360 Main Street
Deadwood SD
57732
