Win / Loss Statement Request Form

Date: _____

Guest's Name (please print):

_____

Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

SSN: _____ Club Remington Card Number: _____

Tax Year Requested: _____

How would you like to receive your win/loss statement? (check one)

____ Mail to address listed above.

____ Pick up at Remington Park. *(We will call you when it is ready to be picked up.)*

____ E-mail E-mail Address: _____

____ Fax Fax Number: _____

Guest's Signature: _____

Mail this completed form to:

Remington Park
Att: Audit Department
1 Remington Place
Oklahoma City, OK 73111

or fax to:

(405) 419-4462
Att: Audit Department

Note: This form must be completed and duly signed in order for us to process your request. Please allow up to ten business days for your statement to be processed and delivered to you.