



REMINGTON PARK
RACING ♦ CASINO

Win / Loss Statement Request Form

Date: _____

Guest's Name (please print):

Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

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.*)

____ Fax* Fax Number: _____

Please allow up to ten business days for your statement to be processed and delivered.

Guest's Signature: _____

Mail this completed form to:

or fax to:

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

(405) 419-4462
Att: Audit Department

***If receiving you Win/Loss statement in the mail or via fax, a copy of your photo ID will need to be included.**