



Player's Club  
Statement Request Form

Name:	Player/Producer Club Number:
Social Security Number:	Date of Birth:
Street Address:	
City/State/Zip Code:	
Telephone Number:	Email:

I do hereby certify the above information to be true and correct and hereby authorize Hollywood Slots Hotel and Raceway to provide to me the following information:

Win/Loss statement of my gaming activity for the year \_\_\_\_\_  
(No Charge)

Detail Listing of my W2G for the year \_\_\_\_\_  
(No Charge)

Copy of original W2G. **There is a \$10 fee per copy for this service.**  
Please enclose check with this request when mailing.

\_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date

Please leave this form at Player Services

Other methods to request statement:

Mail: 500 Main St, Bangor ME 04401

Fax: (207) 974- 3419

Phone: (207) 974-3411