



WIN-LOSS REQUEST FORM

Please print all information clearly.

First Name Middle Last Name

Street Address City State Zip Code

Social Security Number (required for W2-G) Club Account Number Date of Birth (mm/dd/yyyy)

Phone Number Tax Year Requested

Do you also require your W2-G report? Yes No

Request Agreement

I certify that the statements contained herein are true and correct, and hereby request that L'Auberge du Lac provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless L'Auberge du Lac, its subsidiaries and affiliates, and their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages, and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have or incur as a result of, or in any way relating to, my receipt and/or use of the information.

Signature (Required) Date

Please complete the request form and return it to:
L'Auberge du Lac Casino Resort
Attn: Win/Loss Requests
777 Avenue L'Auberge
Lake Charles, LA 70601
Fax number: (337) 395-7280
Phone Number: (337) 395-7894

Preferred Delivery Method
 Fax _____
 Mail

***Please Allow 1 - 3 Weeks for Processing Your Request.
We apologize that for security reasons, statements can no longer be emailed.***