



**REQUEST FOR
WIN / LOSS STATEMENT-----YEAR_____**

NAME: _____

MYCHOICE ACCOUNT NO.: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

NAME: _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

SIGNATURE DATE

RETURN TO:
MARKETING DEPARTMENT/MYCHOICE CENTER
BELTERRA CASINO RESORT
777 BELTERRA DRIVE
BELTERRA, IN. 47020-9402
Fax 812-427-7932