



**Empire Card
2011 Win / Loss Statement Request Form
We mail to address on file**

Name:	Empire Card Account Number:
Social Security Number:	Date of Birth:
Mailing Address:	
City/State/Zip:	
Telephone:	Email Address:

I do hereby certify the above information to be true and correct and I hereby authorize Empire City, its Affiliates and Agents to provide to me a Win/Loss Statement of my gaming activity derived from my Empire Card Account.

Account Holder's Signature

Date

Please bring this form to the Empire City Promotions Booth

Other methods to request a statement:

MAIL
Win/Loss Department
2011 Win/Loss Request
Empire City Casino at Yonkers Raceway
810 Yonkers Avenue
Yonkers, NY 10704

Fax: 914.457.2419

For any questions or comments please call
914.457.2515 or winloss@yonkersraceway.com

DO NOT WRITE BELOW THE LINE. EMPIRE CITY USE ONLY.

Date Received:	Date Mailed:
Statement Year:	Completed By: