



**HOLLYWOOD CASINO HOTEL & RV PARK
WIN/LOSS STATEMENT REQUEST FORM**

NAME: _____ DATE: _____

SCREEN TEST/MARQUEE CARD NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

TAX YEAR REQUESTED: _____

SIGNATURE: _____