

**REQUEST FOR WIN LOSS**

Year:

Name:

Players Card #:

Address:

Phone Number: ( )

Signature: Date:

**Please mail or fax completed form to:**

**Margaritaville Resort Casino**

**Attention: Win/Loss**

**P.O. Box 5456**

**Bossier City, LA 71171**

**Fax Number (318) 562-4999**