



**777 Jackpot Drive
White Cloud, KS 66094**

I _____, would like to request a copy on my Slot and
(printed name)

Table Games play from Casino White Cloud for income tax purposes. I certify that I will not hold Casino White Cloud or its employees liable for any damages this information may cause me after its release.

I hereby represent with my signature that I fully understand the meaning of this document.

Signature: _____ Date: _____

Players Club

Card Number: _____ (if you know) DOB: _____

Phone Number: _____ (if request to be emailed or faxed)

Players Club Representative Signature: _____

Issued to Patron on this date: _____

Patron wishes to have form mailed to them (make sure address is correct on account)

Patron wishes to have form emailed to them (make sure to get email address)

Patron wishes to have form faxed to them (make sure to get fax number)

Phone: (785) 595-3430

Fax: (785) 595-3431