



Request for _____ Win/Loss Statement
(what year?)

DATE: _____

NAME: _____

S.S. NUMBER: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

MVP NUMBER: _____

EMAIL ADDRESS: _____

SIGNED: _____

Please complete and return this Win-Loss Request form for each player requesting a Win-Loss statement. In order to ensure your privacy, please include copies of your Bronco Billy's MVP card (if available) and **photo identification** with your request form.

Mail to:
Bronco Billy's Casino
PO Box 590
Cripple Creek, CO 80813
Attention: MVP

Your statement will be processed, after receiving your request form and necessary identification. Or, stop by the MVP booth and fill out a request form, the next time you are in the Casino. Please call 719-689-2142 x 130 or toll free 877-989-2142 x 130 if you need further assistance. We hope to see you again soon!