



Twin River Casino
100 Twin River Road
Lincoln, RI 02865

To Whom It May Concern:

Please provide me with my win/loss for the year ending: _____

My information is as follows:

Name: _____

Date of Birth: _____

Players Card Account Number: _____

Telephone Number: _____

Please note: For security reasons, your win/loss statement will be mailed to the address we have on file through your players club account.

I understand that this information is an estimate of my rated play during the year and represents only my play with my player's card inserted in the VLT.

Sincerely,

Signature Required

_____ Twin River Use Only _____

Marketing Coordinator: _____

Date Letter Mailed: _____