



**Empire Card
2008 Win / Loss Statement Request Form**

Name:	Empire Card Account Number:
Social Security Number:	Date of Birth:
Mailing Address:	
City/State/Zip:	
Telephone:	Email Address:

I do hereby certify the above information to be true and correct and I hereby authorize Empire City, its Affiliates and Agents to provide to me a Win/Loss Statement of my gaming activity derived from my Empire Card Account.

Account Holder's Signature

Date

Please bring this form to the Empire City Promotions Booth

Other methods to request a statement:

MAIL

**Jerri - Lynn Reilly, Marketing Department
2008 Win/Loss Request
Empire City at Yonkers Raceway
810 Yonkers Avenue
Yonkers, NY 10704**

Fax: 914.457.2537

**For any questions or comments please contact Jerri - Lynn Reilly
at 914.457.2610 or jreilly@yonkersraceway.com**

DO NOT WRITE BELOW THE LINE. EMPIRE CITY USE ONLY.

Date Received:	Date Mailed:
Statement Year:	Completed By: