



Attn: Gaming Operations

REQUEST FOR WIN / LOSS STATEMENT

PLEASE PRINT THE FOLLOWING INFORMATION

Records go back up to **5 years** (including current year)

Only years that have concluded can be printed

Year(s) Requesting: _____

Players Club Card Account Number: _____

Name: _____

Current Mailing Address: _____

City & State/Province _____

Zip/Postal Code: _____

Phone Number _____ (_____) _____

ALTERNATE DELIVERY METHODS

Win/Loss statements will be mailed to the above address unless otherwise noted.

They can also be e-mailed, faxed, or picked up at the Rewards Center.

If you would prefer delivery by an alternate method or address, please let us know below.

Date of Birth _____ / _____
Month Year

Signature: _____ Date: _____

****Please direct your questions to 360-724-0159****

Casino use only:

Rewards Representative: _____

Date mailed/faxed/e-mailed/given to guest: _____