



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: \_\_\_\_\_

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Players Club Card Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City & State/Province \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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### DELIVERY METHOD

Please choose one:

Mail to address above

Pick up at Rewards Desk

Email: \_\_\_\_\_

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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: \_\_\_\_\_