



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: (\_\_\_\_\_) \_\_\_\_\_

### DELIVERY METHOD

Please choose one:

☐ Mail to address above

☐ Pick up at Rewards Desk

☐ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please direct your questions to 360-724-0144\*\***

Email: [comments@theskagit.com](mailto:comments@theskagit.com)

Casino use only:

Rewards Representative: \_\_\_\_\_

Date mailed/faxed/e-mailed/given to guest: \_\_\_\_\_