WIN/LOSS REQUEST FORM

Print this form, fill it out, sign it, and return to Grand Falls Casino & Golf Resort®.

Win/Loss Statements will be available in January of each year for the prior year.
Contact information is below:

Mail to: Grand Falls Casino & Golf Resort®
Win/Loss Statement-Resort Club
1415 Grand Falls Boulevard
Larchwood, Iowa 51241

FAX to: Win/Loss Statement Services
712-777-7811

Scan & Email to: win.loss@GrandFallsResort.com

Your Win/Loss Statement will be sent to your address on record at the Resort Club, or you may pick up your statement(s) at the casino. You may verify your current information on file by stopping by the Resort Club at Grand Falls Casino & Golf Resort®, or by contacting your Casino Host If you do not have a Casino Host, you may calll-877-511-4386 and ask for the Resort Club.
We will compare your data below to your record on file before issuing any information. Please allow at least one week for delivery.

_____ _____ _____
Patron: First Name (Please Print) MI Last Name

_____ _____ _____ _____
Street Address City State Zip

_____ _____ _____
Resort Card Number Last Four Digits of Social Security # Drivers License Number

_____ _____
Date of Birth Phone Number

Tax Year(s) Requested (check the year): ☐ **2017** ☐ **2016** ☐ **2015** **Other:** _____

Method of Delivery to you: ☐ **Mail my statement(s) to my address on file**
☐ **I will pick up my statement(s) at the Resort Club**
(please allow 72 hours for processing and bring your Photo ID)

Your Win/Loss Statement will include estimated Slot and Table Game win/loss information from Grand Falls Casino & Golf Resort®. The tracking system used in providing this information is based on the use of your Resort Club Card (this report does not include any uncarded play). Therefore, this statement will not reflect an accurate accounting record-it merely provides an estimate you can use to compare to your records. The IRS recommends that you keep your own records of your gaming activity.

I do hereby certify that the information contained above is true and correct, and I authorize Grand Falls Casino & Golf Resort® to provide me a Win/Loss Statement of my Resort Club account tracked gaming activity. In consideration of this, I agree to release and hold harmless Grand Falls Casino & Golf Resort®, and all of its directors, employees, officers, managers, affiliated persons, and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request. I further understand that the information requested is generated from a player's tracking system based on my Resort Club account history and is *not intended to be, or take place of, my own records of my gaming activity. Grand Falls Casino & Golf Resort® makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of winnings and losses.*

Patron Signature: _____ **Date:** _____

For GFCGR Internal Use:
Prepared by: _____ Badge Number: _____ Date: _____
Delivery Method: ☐ Mailed via US Mail ☐ Personal Delivery at the Casino

EMAIL FORM PRINT FORM