

1415 Grand Falls Blvd • Larchwood, IA 51241 • 712.777.7777 or 877.511.4386 • grandfallscasinoresort.com

WIN/LOSS FORM

Email To:

win.loss@grandfallsresort.com

Win/Loss statements will be available in January of each year for the prior year. 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 visiting or calling the Resort Club at 1.877.511.4386, or by contacting your VIP host. We will compare your data below to your record on file before issuing any information. Please allow one week (7 business days) for delivery.

PATRON:				
First Name:		MI:	_Last Nam	ne:
Street Addre	ess:			
City:		ST:	_Zip Code	<u>:</u>
Resort Club Card Number:			Last 4 Digits SSN:	
Driver's Lice	ense Number:			
DOB:		Phone Number: ()		
Tax Year Re	quested:	-		
	and bring your p	at the Reso bhoto ID.	rt Club (ple	ease allow 72 hours for processing
system used Therefore, this	in providing this information is based on tl	ne use of your unting record-it	Resort Club ca merely provide	from Grand Falls Casino & Golf Resort. The tracking ard (this report does not include any uncarded play). It is an estimate you can use to compare to your records.
win/loss stater Falls Casino & claims, causes further unders is not intended	ment of my Resort Club account tracked go & Golf Resort, and all of its directors, emp is of action, liabilities, costs, or damages and tand that the information requested is gener	aming activity. In loyees, officers, ising from or rel rated from a play of my gaming ac	n consideration managers, aff lating to the inf yer's tracking s ctivity. Grand Fa	rize Grand Falls Casino & Golf Resort to proved me a n of this, I agree to release and hold harmless Grand filiated persons, and representatives from any and all formation and its release as a result of this request. I system based on my Player's Club account history and alls Casino & Golf Resort makes no representation or as proof of winnings and losses.
Signature: _			Date:_	
Mail To:	Grand Falls Casino & Golf Resort Win/Loss Request Form – Resort			FOR INTERNAL USE ONLY: PREPARED BY:
Fax To:	1415 Grand Falls Blvd, Larchwood, IA 712.777.7811 Attn: Win/Loss Request Form – Re			BADGE #:

DELIVERY:

PICKUP

MAILED