

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.

Win/Loss Request Form – Resort Club PREPARED BY: 1415 Grand Falls Blvd, Larchwood, IA 51241 BADGE #:	PATRON:							
City:	First Name	:	_ MI:	_Last Nam	e:			
Priver's License Number: Driver's License Number: Phone Number: () Tax Year Requested: Method of Delivery: Mail my form(s) to my address on file. Pick up form(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. 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 Player's 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, expressed or implied, as to the accuracy of this information or its effectiveness as proof of winnings and losses. Signature: Date: POR INTERNAL USE ONLY: PREPARED BY: BADGE #: BADGE #: BADGE #: PREPARED BY: BADGE #: DATE:	Street Addr	ress:						
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DOB:	Resort Club	Card Number:		_Last 4 Dig	jits SSN:			
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Mail To: Grand Falls Casino & Golf Resort, Win/Loss Request Form – Resort Club 1415 Grand Falls Blvd, Larchwood, IA 51241 Fax To: Fax To: FOR INTERNAL USE ONLY: PREPARED BY: BADGE #:	I do hereby c win/loss state Falls Casino claims, cause further unders is not intende	ertify that the information contained above ment of my Resort Club account tracked of & Golf Resort, and all of its directors, emps of action, liabilities, costs, or damages a stand that the information requested is gene	is true and correct gaming activity. Ir ployees, officers, rising from or rela- prated from a play of my gaming ac	et, and I authorn n consideration managers, affi ating to the info ver's tracking sy tivity. Grand Fa	of this, I agree to liated persons, and ormation and its re rstem based on my Ills Casino & Golf I	release and hold d representatives t lease as a result o r Player's Club acc Resort makes no r	harmless Grand from any and all of this request. I ount history and	
Win/Loss Request Form – Resort Club 1415 Grand Falls Blvd, Larchwood, IA 51241 712.777.7811 PREPARED BY: BADGE #:	Signature: _	Date:						
Fax To: 712.777.7811	Mail To: Fax To:	Win/Loss Request Form – Resort	Club		PREPARED BY:_			
Fig. 12 Table Win Loop @ grondfollorogout com DELIVERY: MAILED PICKUP		712.777.7811 Attn: Win/Loss Request Form – F			DATE:			

MAILED