



WIN/LOSS STATEMENT REQUEST

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW. IN ADDITION, A COPY OF A PHOTO ID MUST BE SUBMITTED WITH THIS REQUEST.

FAX TO: ATTENTION PLAYERS CLUB
(559) 692-5338

OR

MAIL TO: CHUKCHANSI GOLD RESORT AND CASINO
ATTENTION: PLAYERS CLUB
711 LUCKY LANE
COARSEGOLD, CA 93614

THE INFORMATION CONTAINED ON THE WIN/LOSS STATEMENT IS BASED ON CARDED PLAY AND MAY OR MAY NOT REPRESENT ACTUAL WIN/LOSS. IT IS NOT AN OFFICIAL IRS DOCUMENT. IT IS THE PLAYER'S RESPONSIBILITY TO KEEP TRACK OF THEIR WINNINGS AND LOSSES. THE CHUKCHANSI GOLD RESORT AND CASINO ACCEPTS NO RESPONSIBILITY FOR THE ACCURATENESS OF THIS STATEMENT. STATEMENTS WILL BE MAILED TO ADDRESS PROVIDED. STATEMENTS WILL NOT BE FAXED.

Year Requesting: _____

Name: _____

Address: _____

Players Club #: _____

Your Signature: _____

Date: _____

711 Lucky Lane
Coarsegold CA 93614
(559) 692-5200