



12819 Yelm Hwy • Olympia, WA 98513

Win / Loss Request Form

Date

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Please Allow 30 Days for Your Request to be Processed

If you are requesting yearly total information, and have submitted this request after September 30th, your request will not be processed until the next calendar year. For your request to be processed in a timely manner, please fill out the form completely. If you are requesting any information other than from Nisqually Red Wind Casino, please contact that property directly. Win/Loss requests are limited to two (2) per calendar year for each account.

Please Print Clearly

Illegibility may cause delays, inaccuracies or an inability to complete your request

First Name	Middle Initial	Last Name
Mailing Addresses (This is where mailed information will be sent)		
City	State	Zip Code
Street Address		
City	State	Zip Code
Social Security Number (Optional) - -	Date of Birth (Optional) / /	
Contact Phone Number (1) (Required) () -	Contact Phone Number (2) () -	Fax Number (if requesting Fax) () -
Red Wind Rewards Member Number (Required)	Year Requested	

How would you like to receive your request? (Circle One) **Faxed** **Mailed** **Pickup**

Please Read This Section

Original documents that have been faxed will be destroyed.

Liability Disclaimer

I am requesting that Medicine Creek Enterprise Corporation d/b/a Nisqually Red Wind Casino provide my historical gaming activities for the year(s) listed above. I hereby agree to indemnify, release and hold harmless Nisqually Red Wind Casino and its respective officers, directors, employees and agents against any and all claims, causes of action, liabilities, expenses, losses and damages, including but not limited to attorneys fees and litigation costs, arising from or relating to the release of the above information. Nisqually Red Wind Casino makes no warranty or representation, express or implied, as to accuracy of the information or its effectiveness as proof of win/loss.

Any person relying on any of the information provided or making any use of the information contained herein, shall do so at its own risk.

Copyright

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Thank you for your support of these policies.

Nisqually Red Wind Rewards Member Signature	Date of Signature / /
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Red Wind Casino Use Only

Date Completed

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Total Win / Loss Recorded	Dollars	Cents
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Completed by: (Initials ONLY) _____