



Win / Loss Request Form

Date

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Please Allow 14 Days for Your Request to be Processed

If you are requesting current 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
Street Address		
City	State	Zip Code
Mailing Address (This is where mailed information will be sent)		
City	State	Zip Code
E-Mail (required if choosing e-mail delivery)		Date of Birth
Contact Phone Number (1) () -	Contact Phone Number (2) () -	Fax Number (required if choosing fax delivery) () -
Club Red Rewards Member Number (Required)	Year Requested	

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

Please Read This Section

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Thank you for your support of these policies.

Club Red 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 and Badge #) _____