



REQUEST FOR WIN/LOSS STATEMENT

FOR SECURITY PURPOSES, A COPY OF YOUR DRIVER'S LICENSE OR STATE ID MUST BE INCLUDED WITH ANY REQUEST.

All information requested on this form must be filled out. Forms not completely filled out will not be honored.

Account Holder's First Name (Please Print) MI Last Name

Mailing Address City State Zip

Connect Card Number Social Security Number Date of Birth

Phone Number Fax Number (only if you prefer statement faxed)

Tax Year(s) Requested: _____

MAIL REQUEST TO:
River Spirit Casino Resort
Attn: Players Club
PO Box 700833
Tulsa, OK 74170-0833

OR FAX TO: 918-995-8737

Statements will be mailed to address provided. Allow two weeks for processing. No information will be provided over the phone. W2G information is not included in the Win/Loss Statement and will need to be requested separately through the casino's accounting office.

The information requested is associated with internal marketing information only, and reflects information currently available in the database resulting from carded electronic and table games play at the River Spirit Casino Resort property only. River Spirit Casino Resort makes no representation or warranty as to the accuracy of this information or its effectiveness as proof of losses.

Account Holder's Signature: _____ Date: _____

DO NOT WRITE IN BOX BELOW. FOR RIVER SPIRIT CASINO RESORT USE ONLY.

Date Received:	
Processed By:	
Processing Completed Date:	