



Guest Win / Loss Statement

Requested Property: Tonkawa Indian Casinos Native Lights Casino

Requested Year(s): _____

Please print in black ink the following information.
Club employees can assist guest with this form as long as data is collected directly from guest's current ID & card information.

Full Name: _____

Street Address: _____

City: _____

State, Zip Code: _____

Telephone Number: _____

Social Security Number: _____

Drivers License: _____

Club Number: _____

I request that Native Lights Casino provide me with a win/loss statement from its Newkirk, Oklahoma property or I am requesting that Tonkawa Casino provide me with a win/loss statement from its Tonkawa, Oklahoma property. In consideration for this information, I hereby release the Tonkawa Indian Tribe, Native Lights Casino, Tonkawa Casino, and their affiliated companies, and all of their respective owners, officers, directors, managers, members, employees, representatives and agents from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims. I understand that the information requested is generated from internal marketing records and is not intended to be or take the place of my own records of gaming activity.

Native Lights Casino / Tonkawa Casino makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses. This is not a valid tax document. It is for information purposes only.

Guest Signature: _____ Date: _____

Attention Guests ** Please include a copy of Drivers license if mailing in request**

Players Club Employee Signature:		Badge #:	
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Please Remit To:

Native Lights Casino
ATTN: Candy Byrum
P.O. Box 507
Tonkawa, OK 74653

Tonkawa Casinos
ATTN: Keifer Starr
P.O. Box 220
Tonkawa, OK 74653

Or Scan To: info@tonkawagaming.com