



WISCONSIN
WIN / LOSS STATEMENT REQUEST FORM

FIRST NAME

MIDDLE NAME

LAST NAME

REWARDS CLUB ACCOUNT NUMBER

BIRTHDATE (MM/DD/YYYY)

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS (OPTIONAL)

PHONE NUMBER (XXX-XXX-XXXX)

CELL PHONE (OPTIONAL)

REQUESTING INFORMATION FOR YEAR

2012

2013

I CONFIRM THAT I AM THE PRIMARY ACCOUNT HOLDER FOR THE REWARDS CLUB ACCOUNT LISTED ABOVE. I HAVE READ, UNDERSTAND AND AGREE TO THE FOLLOWING.

SIGNATURE

DATE

I have requested that Ho-Chunk Gaming Wisconsin send to me at the address listed above a win / loss report showing information that has been recorded for the Rewards Club Account listed above.

I understand that the information included on this report may not be complete with all gaming activity and that only play activity recorded while using the Rewards Club account card above is available.

Ho-Chunk Gaming is not responsible for any errors or misinformation included within this report. By signing this request form, I agree that I am the primary account holder and have the right to receive this information. I understand that falsifying my identity is a fraudulent act and is punishable by law.

Win / Loss reports will be sent out in the order in which they are received by our office. Please allow a minimum of 3 to 5 working days upon receipt to complete your request.

****NOTE****

WIN / LOSS REPORTS ONLY ASSIST IN TAX PREPARATION FOR GUESTS THAT HAVE WON EITHER A JACKPOT OF \$1,200 OR MORE OR A PRIZE VALUED AT \$600 OR MORE. IN ORDER TO HELP SERVE OUR GUESTS MORE EFFICIENTLY, WE ASK THAT THIS FORM BE SUBMITTED FOR NECESSARY WIN / LOSS REPORTS ONLY.

QUESTIONS CALL 800-746-2486 EXT: 2031 OR 2141

COMPLETED FORMS SHOULD BE RETURNED TO

HO-CHUNK GAMING WISCONSIN DELLS S3214 COUNTY ROAD BD BARABOO, WI 53913
ATTENTION: PLAYERS CLUB MANAGER