

WIN/LOSS STATEMENT REQUEST FORM

Please fill out and sign below.



Player's Card #: _____
(REQUIRED)

Property Played: _____
(REQUIRED)

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

I, _____ am requesting a copy of my

(fill in year here) Win/Loss statement from Golden Gaming. I understand that the
Win/Loss statement provided to me will only reflect my activity while signed on
to the club system for the players card number listed above only.

Signature

Date

Fax back to: 702.891.4205, Attention Audit

Email: win-loss-statement@ggilv.com

PLEASE ALLOW 10-14 BUSINESS DAYS FOR PROCESSING