



# 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**