



THE SKAGIT™
SKAGIT VALLEY CASINO RESORT

Attn: Gaming Operations

REQUEST FOR WIN / LOSS STATEMENT

PLEASE PRINT THE FOLLOWING INFORMATION

Records go back up to **5 years** (including current year)
Only years that have concluded can be printed

Year(s) Requesting: _____

Players Club Card Account Number: _____

Name: _____

Current Mailing Address: _____

City & State/Province _____

Zip/Postal Code: _____

Phone Number _____ (_____) _____

DELIVERY METHOD

Please choose one:

Mail to address above

Pick up at Rewards Desk

Email: _____

Date of Birth _____ / _____
Month Year

Signature: _____ Date: _____

****Please direct your questions to 360-724-0274****

Casino use only:
Rewards Representative: _____
Date mailed/faxed/e-mailed/given to guest: _____