



10200 Quil Ceda Blvd., Tulalip, WA 98271 | 1-888-272-1111

Win/Loss Statement Request

For Year Ending: _____ Birth Date: _____

Account Member Name: _____

Rewards Club #: _____

Email Address: _____

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

How would you like to receive your statement? *(click one)*

Please mail it to my address above

Please fax it to this number: _____

I will pick up at Rewards Club

Signature: _____

Please include a copy of your Drivers License and Rewards Card



Win/Loss Statement Request Instructions:

- 1) Please complete all sections of the form:
 - Year ending, (The year you want your statement to cover).
 - Print your full name
 - Birth date mm/dd/yyyy
 - Your Rewards Club card number, if known.
 - Your complete address
 - Check how you would like to receive your Win/Loss letter.
 - Your signature

 - 2) Enclose a copy of your current state identification card or drivers license.
(We will not be able to process your request without this.)

 - 3) Return completed form to:
Tulalip Casino/Rewards Club
10200 Quil Ceda Blvd, Tulalip WA 98271
- or-
- Fax: 360.716.1147

Please feel free to direct any questions to the Rewards Club supervisors
by calling 360.716.1256