

TULALIP CASINO

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

Win/Loss Statement Request

For Year Ending: _____ Birth Day _____
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Account Member Name _____
Rewards Club # _____
Email Address _____

Address _____
City _____ State _____ Zip _____

How would you like to receive your statement? **Mark One**

Please mail it to my address above. _____

Please fax to this number. _____

I will pick up at South Rewards club. _____

Signature _____

Copy of Drivers License & Rewards Card