



46510 Wildhorse Blvd., Pendleton OR 97801 - Phone 800-654-9453

Request for Win/Loss Statement

Name:		
Club Wild #:		Date of Birth:
Mailing Address:		
State and Zip:		
E-Mail Address:		
Fax #:		
Calendar Year requested:		

Before we release information, we require a clear photocopy of the Club member's photo identification (state driver's license, state issued identification, passport, etc.). Please include with form. **Please contact Club Wild at 541-966-1566 if you have questions.**

By signing this form I hereby authorize Wildhorse Resort & Casino to send a copy of my Gaming Activity Win/Loss statement via selected delivery method below.

Please check one:

Postal Mail E-mail Fax In Person

Signature: _____

Today's Date: _____

Please return completed form to Club Wild in person or US Postal Service at address above. Submissions are also accepted by fax #541-966-1665

Please use one form per person per request.

V.1-25-12

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