

GAMING ACTIVITY WIN/LOSS STATEMENT REQUEST



Full Legal Name <i>Please Print Legibly</i>	Last:	MI:	First:
Club Wild Number		Date of Birth	
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, if the copy is illegible we will request another copy.

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 the best method(s) of delivery			
<input type="checkbox"/> Postal Mail	Street:		
	City:	State:	Zip:
<input type="checkbox"/> Email	Email Address:		
<input type="checkbox"/> Fax	Fax Number:		

Signature: _____ Date: _____

Please return your completed form with photo identification to Club Wild:

Postal Mail: 46510 Wildhorse Blvd. Pendleton, OR 97801

Email: ClubRewards@wildhorseresort.com

Fax: 541-966-1665

Please use one form per request.

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