



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

## Request for Win/Loss Statement

<b>Full Legal Name</b> <i>(Please print legibly)</i>	Last:	Middle Initial:	First:
<b>Club Wild Number</b> <i>(If known)</i>	Date of Birth:		
<b>Calendar Year requested:</b>			

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

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please return your completed form and copy of identification to Club Wild via:**

- **US Postal Service:** 46510 Wildhorse Blvd., Pendleton OR 97801
- **Email:** ClubRewards@wildhorseresort.com
- **Fax Number:** 541-966-1665

Please use one form per person per request.

V.9-15-21

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