

## Win Loss Statement Request

In order for Grand Traverse Resort and Casinos to release this information each customer is required to submit a signed request. Husband and Wife may use one form. The win loss statements are only available for Player's Club Card members. Grand Traverse Resort and Casinos does not track play that is not associated with a customer's player's card account

**Please provide me with a Win/Loss Statement for Year (s) \_\_\_\_\_**

Name \_\_\_\_\_ Player's Card Number: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email statement to \_\_\_\_\_

By signing below the patron hereby releases Grand Traverse Resort and Casinos, its officers, directors, employees, agents from and against any loss, cost, expense (including attorney's fees and costs, damages, liability or claims of any kind. Additionally, patron hereby agrees to indemnify Grand Traverse Resort and Casinos for, from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind related to releasing this information. The undersigned acknowledges that the information being provided is based on player tracking information which includes only the play when the undersigned's players card was connected to the system, and may not accurately reflect the amount of the undersigned's play since the undersigned can play when the card is not connected to the system and is derived from a system that does not verify the identity of the person using the player card and may include estimated amounts to correct human error in inputting information.

**Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_**

\*\*\*\*\*

**Please provide me with a Win/Loss Statement for Year (s) \_\_\_\_\_**

Name \_\_\_\_\_ Player's Card Number: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email statement to \_\_\_\_\_

By signing below the patron hereby releases Grand Traverse Resort and Casinos, its officers, directors, employees, agents from and against any loss, cost, expense (including attorney's fees and costs, damages, liability or claims of any kind. Additionally, patron hereby agrees to indemnify Grand Traverse Resort and Casinos for, from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind related to releasing this information. The undersigned acknowledges that the information being provided is based on player tracking information which includes only the play when the undersigned's players card was connected to the system, and may not accurately reflect the amount of the undersigned's play since the undersigned can play when the card is not connected to the system and is derived from a system that does not verify the identity of the person using the player card and may include estimated amounts to correct human error in inputting information.

**Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Only complete official request forms will be accepted for processing. (Must include a copy of Driver's License OR enter your social security number for verification purposes or request (s) will not be processed). Statements will be processed after the first of the New Year unless specifically requested. Return form via mail, email or drop off at either Casino.**

Grand Traverse Resort and Casinos  
Attn: Shirley Shananaquet, CMP Administrator  
7741 M-72 East, Williamsburg, MI 49690  
Office 231-534-8840 Fax 231-534-8841

email: Shirley.Shananaquet@gtbindians.com

1/1/2021