## 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/Lo	ss Statement for Year (s)		
Name		Player's Card Number:	
SS#	Date of Birth:		
Mailing Address			
City:	State:	Zip:	
Phone Number ()	Email statement to		
against any loss, cost, expense (incl hereby agrees to indemnify Grand 7 and costs), damages, liability or cla information being provided is based was connected to the system, and m when the card is not connected to th	uding attorney's fees and costs, damages, lia Traverse Resort and Casinos for, from and ag ims of any kind related to releasing this infor d on player tracking information which includ- nay not accurately reflect the amount of the un	, its officers, directors, employees, agents from and bility or clams of any kind. Additionally, patron ainst any loss, cost, expense (including attorney's fees mation. The undersigned acknowledges that the les only the play when the undersigned's players card ndersigned's play since the undersigned can play oes not verify the identity of the person using the ng information.	
Account Holder's Signature	Date		
******	******	*******	
Please provide me with a Win/Lo	ss Statement for Year (s)		
Name	Player's Card Number:		
SS#	Date of Birth:		
Mailing Address			
City:	State:	Zip:	
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Account Holder's Signature	Date		
social security number for verific		t include a copy of Driver's License OR enter your rocessed). Statements will be processed after the nail or drop off at either Casino.	
	Marketing Administrator 49690 8841 email: Shirley.Sha	ananaquet@gtbindians.com 2/2022 Int number and pin, verify your email under "My to your email.	