



**HO-CHUNK GAMING BLACK RIVER FALLS
WIN / LOSS STATEMENT REQUEST FORM**

FIRST NAME

MIDDLE NAME

LAST NAME

REWARDS CLUB ACCOUNT NUMBER

BIRTHDATE (MM/DD/YYYY)

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS (OPTIONAL)

PHONE NUMBER (XXX-XXX-XXXX)

CELL PHONE (OPTIONAL)

REQUESTING INFORMATION FOR YEAR

2010

2011

I CONFIRM THAT I AM THE PRIMARY ACCOUNT HOLDER FOR THE REWARDS CLUB ACCOUNT LISTED ABOVE. I HAVE READ, UNDERSTAND AND AGREE TO THE FOLLOWING.

SIGNATURE

DATE

I have requested that Ho-Chunk Gaming Black River Falls send to me at the address listed above a win / loss report showing information that has been recorded for the Rewards Club Account listed above.

I understand that the information included on this report may not be complete with all gaming activity and that only play activity recorded while using the Rewards Club Account card above is available.

Ho-Chunk Gaming Black River Falls is not responsible for any errors or misinformation included within this report.

By signing this request for information, I agree that I am the primary account holder and have the right to receive this information. I understand that falsifying my identity is a fraudulent act and is punishable by law.

RETURN COMPLETED FORM TO
HO-CHUNK GAMING BLACK RIVER FALLS.

PRINT AND MAIL PAPER COPY TO

QUESTIONS CALL: 1-800-657-4621 EXT. 4106

HO-CHUNK GAMING BLACK RIVER FALLS
ATTENTION: PLAYERS CLUB MANAGER
W9010 HWY 54 EAST
BLACK RIVER FALLS, WI 54615