



Win/Loss Request

2013 2014 2015 2016 2017 (Check Year)

Please Print or Type All Information

Player ID \_\_\_\_\_

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

ZIP Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Delivery Method

- Email
- Fax
- Postal Service
- Pick-up at Cage

\_\_\_\_\_  
Signature

This form must be printed and signed in order to be valid. Please return this completed form to the Tamarack Junction using one of the following methods:

- Fax to: (775) 384-3691
- Scan and Email to [CasinoHost@TamarackJunction.com](mailto:CasinoHost@TamarackJunction.com)
- Drop off at the Casino Cage
- Mail to:

Casino Host  
Tamarack Junction Casino  
13101 S. Virginia St.  
Reno, NV 89511

\*\*PLEASE ALLOW 72 HOURS FOR YOUR REQUEST TO BE PROCESSED\*\*

For Office Use \_\_\_\_\_

Printed By \_\_\_\_\_ Email/Mailed/PU (circle one) \_\_\_\_\_