



Win/Loss Request

2012 2013 2014 2015 2016 (Circle 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
- 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) _____