



## WIN/LOSS STATEMENT REQUEST | PLAYERS CLUB PROGRAM

To request a statement of your gaming activity for a calendar year, please fill out this form and return to the Players Club at Muckleshoot Casino. You will need valid photo identification along with this completed form in order to process. If you choose to mail in your request or submit your request through a third party, the account holder's signature must be notarized. If you have any questions regarding this form, you may contact the Players Club at 800-804-4944 ext. 2812.

Name: \_\_\_\_\_ Players Club Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Receipt Preference:  Will Pick Up at Players Club  Mail to Mailing Address Listed

Please provide me with a statement of my gaming activity for the year:  2010  2011  2012  2013  2014  2015  2016

I DO HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT AND I HEREBY AUTHORIZE MUCKLESHOOT INDIAN TRIBE dba MUCKLESHOOT CASINO TO PROVIDE TO ME A WIN/LOSS STATEMENT OF MY GAMING ACTIVITY DERIVED FROM MY PLAYERS CLUB ACCOUNT. I AGREE TO INDEMNIFY AND HOLD HARMLESS MUCKLESHOOT CASINO AND ITS RESPECTIVE PAST AND PRESENT AGENTS, EMPLOYEES, MANAGERS, REPRESENTATIVES, SUCCESSORS AND AFFILIATED PERSONS, ORGANIZATIONS AND COMPANIES, FROM MY AND ALL SUITS, CAUSES OF ACTION, LIABILITIES, COSTS, LOSSES, DAMAGES, ATTORNEY'S FEES AND EXPENSES WHICH I, OR MY ADMINISTRATORS, EXECUTORS, AGENTS, ASSIGNEES OR ANY THIRD PARTY MAY HAVE ARISING OUT OF OR RELATING TO THIS REQUEST AS A RESULT OF THIS REQUEST.

IF ACCOUNT HOLDER DOES NOT PRESENT REQUEST IN PERSON, ACCOUNT HOLDER'S SIGNATURE MUST BE NOTARIZED:

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

### NOTARIZATION

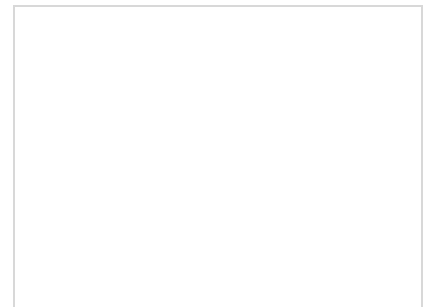
Affix Notary Seal Here

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



### DO NOT WRITE IN THIS BOX. FOR MUCKLESHOOT CASINO USE ONLY

| IDENTIFICATION TYPE | INSERT ID TYPE VERIFIED | VERIFIER'S SIGNATURE & DATE |
|---------------------|-------------------------|-----------------------------|
| NOTARIZED           |                         |                             |
| PHOTO ID            |                         |                             |
| OTHER ID            |                         |                             |
| DATE RECEIVED       |                         |                             |