WIN/LOSS STATEMENT REQUEST | MUCKLESHOOT REWARDS 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 Resort. 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 with a copy of the ID. Muckleshoot Casino Resort, ATTN: Muckleshoot Rewards, 2402 Auburn Way S. Auburn, WA, 98002** | 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 (if known):** _____

Social Security Number: _____ **Date of Birth:** _____/_____/_____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Receipt Preference:** ❏ Will Pick Up at Muckleshoot Rewards ❏ Mail to Address Listed

Please provide me with a statement about my gaming activity for the year:
❏ 2017 ❏ 2018 ❏ 2019 ❏ 2020 ❏ 2021 ❏ 2022 ❏ 2023 ❏ 2024

I DO HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT AND I HEREBY AUTHORIZE **MUCKLESHOOT INDIAN TRIBE dba MUCKLESHOOT CASINO RESORT** 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 _____, 2024

Signature of Notary Public: _____

Name of Public Notary (PRINT):_____

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		