



700 E Stolley Park Rd ♦ Grand Island, NE 68801 ♦ 308.675.5600 ♦ grandislandresort.com

WIN/LOSS FORM

Win/Loss statements will be available in January of each year for the prior year. Your win/loss statement will be sent to your address on record at the Resort Club or you may pick up your statement(s) at the casino. You may verify your current information on file by visiting or calling the Resort Club at 1.844.852.4386, or by contacting your VIP host. We will compare your data below to your record on file before issuing any information. Please allow one week (7 business days) for delivery.

PATRON:

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ ST: _____ Zip Code: _____

Resort Club Card Number: _____ Last 4 Digits SSN: _____

Driver's License Number: _____

DOB: _____ Phone Number: (_____) _____

Tax Year Requested: _____

Method of Delivery: _____ Mail my form(s) to my address on file.
_____ Pick up form(s) at the Resort Club (please allow 72 hours for processing and bring your photo ID).

**Win/Loss statement data is only available beginning on February 7, 2014. Prior information is not available from Grand Island Casino Resort*

Your win/loss statement will include estimated slot and table game win/loss information from Grand Island Casino Resort. The tracking system used in providing this information is based on the use of your Resort Club card (this report does not include any uncarded play). Therefore, this statement will not reflect an accurate accounting record—it merely provides an estimate you can use to compare to your records. The IRS recom-mends that you keep your own records of your gaming activity.

I do hereby certify that the information contained above is true and correct, and I authorize Grand Island Casino Resort to provide me a win/loss statement of my Resort Club account tracked gaming activity. In consideration of this, I agree to release and hold harmless Grand Island Casino resort, and all of its directors, employees, officers, managers, and all its affiliated companies, persons and representatives from any and all claims, causes of action, liabilities, costs, or damages arising from or relating to the information and its release as a result of this request. I further understand that the information requested is generated from a player's tracking system based on my Player's Club account history and is not intended to be, or take place of, my own records of my gaming activity. Grand Island Casino Resort makes no representation or warranty, expressed or implied, as to the accuracy of this information or its effectiveness as proof of winnings and losses.

Signature: _____ Date: _____

Mail To: Grand Island Casino Resort,
Win/Loss Request Form – Resort Club 700
E Stolley Park Rd, Grand Island, NE 68801

Email To: win.loss@grandislandresort.com

FOR INTERNAL USE ONLY:
PREPARED BY: _____
BADGE #: _____
DATE: _____
DELIVERY: _____ MAILED _____ PICKUP