TAMARACK JUNCTION
CASINO & RESTAURANT

Win/Loss Request

◯2007 ◯2008 ◯2009 ◯2010 ◯2011 (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) _____