





Guest Win / Loss Statement

Requested Property:	☐ Tonkawa Hotel & Casino	Native Lights Casino	Tonkawa Gasino
Requested Year(s):			
	Please print in black ink the follow lest with this form as long as data is collect	ed directly from guest's current ID &	card information.
City:			
State, Zip Code:			
Telephone Number:			
Social Security Number:			
Drivers License:			
Club Number:			
Casino provide me with a win/loss sta Tonkawa Indian Tribe, Native Lights Ca managers, members, employees, repre further agree to indemnify and hold t	vide me with a win/loss statement from it tement from its Tonkawa, Oklahoma prop sino, Tonkawa Casino, and their affiliated sentatives and agents from any and all cla hose entities and persons harmless from ords and is not intended to be or take the p	perty. In consideration for this inforcompanies, and all of their respections arising from or relating to the infany such claims. I understand that	rmation, I hereby release the we owners, officers, directors, ormation and its release, and the information requested is
- · · · · · · · · · · · · · · · · · · ·	o makes no representation or warranty, not a valid tax document. It is for informati	•	acy of this information or its
Guest Signature:Date:		Date:	
Attention Gu	ests ** Please include a copy of Dr	vers license if mailing in requ	est**
Players Club Employee Signa	ture:	E	Badge #:
Please Remit To:			

Native Lights Casino ATTN: Candy Byrum P.O. Box 507 Tonkawa, OK 74653

Or Scan To: info@tonkawagaming.com

Tonkawa Casinos ATTN: Keifer Starr P.O. Box 220 Tonkawa, OK 74653