





Guest Win / Loss Statement

Requested Property:	Tonkawa Hotel & Casino	Native Lights Casino	Tonkawa Gasino
Requested Year(s):			
Club employees can assist	Please print in black ink the follow t guest with this form as long as data is collec		card information.
Full Name:			
Street Address:			
City:			
State, Zip Code:			
Telephone Number:			
Social Security Number:			
Drivers License:			
Club Number:			
Casino provide me with a win/loss state Tonkawa, Oklahoma property. In consid Casino, Tonkawa Gasino and their affiliat agents from any and all claims arising fro	ide me with a win/loss statement from its Newkement from its Tonkawa, Oklahoma property, or I deration for this information, I hereby release the ded companies, and all of their respective owners, or or relating to the information and its release, and stand that the information requested is generated ity.	I request Tonkawa Gasino provide me with e Tonkawa Tribe of Oklahoma, Native Ligh officers, directors, managers, members, e nd further agree to indemnify and hold t	n a win/loss statement from its ats Casino, Tonkawa Hotel & mployees, representatives and hose entities and persons
	& Casino / Tonkawa Gasino makes no represent of losses. This is not a valid tax document. It is for		as to the accuracy of this
Guest Signature:Date:			
Attention Guests ** Please include a copy of Drivers license if mailing in request**			
Players Club Employee Sign	nature:	t	Badge #:
Please Remit To:			

Native Lights Casino ATTN: Brenda Mooney P.O. Box 507 Tonkawa, OK 74653 Tonkawa Casinos ATTN: Penny Coffelt P.O. Box 220 Tonkawa, OK 74653