





Guest Win / Loss Statement

Requested Property:	Tonkawa Hotel & Casino	Native Lights Casino	Tonkawa Gasino
Requested Year(s):			
	Please print in black ink the follow	ing information	
Club employees can assist gu	uest with this form as long as data is collected	•	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 stateme Tonkawa, Oklahoma property. In considera Casino, Tonkawa Gasino and their affiliated agents from any and all claims arising from o	me with a win/loss statement from its Newkirlent from its Tonkawa, Oklahoma property, or I ration for this information, I hereby release the companies, and all of their respective owners, of or relating to the information and its release, and and that the information requested is generated	equest Tonkawa Gasino provide me with Fonkawa Tribe of Oklahoma, Native Light ficers, directors, managers, members, en further agree to indemnify and hold th	a win/loss statement from its s Scasino, Tonkawa Hotel & nployees, representatives and ose entities and persons
•	Casino / Tonkawa Gasino makes no representa losses. This is not a valid tax document. It is for i	** *	s to the accuracy of this
Guest Signature:		Date:	
Attention Guests ** Please include a copy of Drivers license if mailing in request**			
Players Club Employee Signa	ture:	В	adge #:

Please Remit To:

Native Lights Casino ATTN: Player's Club Manager P.O. Box 507 Tonkawa, OK 74653 Tonkawa Casinos ATTN: Player's Club Manager P.O. Box 220 Tonkawa, OK 74653