

## Win/Loss Request Form

Request Date:

Guest Name:

Guest Signature:

Phone #:

D.O.B

Club Card #:

*Place an 'X' in the box to select:*

1) Hold for pick-up at Club  
Barona

2) Fax

Fax #:

3) Mail

Mailing Address:

City/State/Zip:

Change of Address: (Check Box)

Drivers License/ID#:

**Please choose one of the following options:**

1) Annual Statement:

Year

2) Quarterly Statement: 1st 2nd 3rd 4th

Year

(For Verification Only)

In the future, would you like a Win Loss Statement sent to you automatically?

Annually  Yes  No

Quarterly  Yes  No

Date Received:

Processed By:



Casino Marketing Administration Office

1932 Wildcat Canyon Road

Lakeside, CA 92040

619-443-2300 \* Fax 619-443-1522