



# GUEST WIN / LOSS STATEMENT

To help us serve you better, please fill in all information. Any Win / Loss form not properly filled out or legible with the necessary information may be considered incomplete and may not be processed due to the sensitive nature of this content. Therefore, an incomplete form may cause errors and delays when processing your request.

Guest Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN# \_\_\_\_-\_\_\_\_-\_\_\_\_

As part of your request form, we require that you provide proof of your identity and include your Driver's License ID# and a copy of the front and back.

Driver's License/ID# \_\_\_\_\_ Club Card# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone# (\_\_\_\_) \_\_\_\_\_ Cell Phone# (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Win / Loss Statement is your carded play for the entire year.

Tax Year(s) Requested: \_\_\_\_\_

Please mark one: Mailed: \_\_\_\_\_ Pick up at Players Club: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby release Chicken Ranch Casino their respective Officers, Directors, Team Members, and Agents from any and all claims arising from or relating to the information and its release, and further agree to indemnity and hold those entities and persons harmless from any such claim. The Guest agrees to accept any risk of adverse reaction, financial loss, or public notice which may result from any action taken with respect to this request form. By filing a request form, a Guest expressly waives any claim for damages as a result of any action taken with respect to this request. Copies of this request authorization that show my signature are as valid as the original release signed by me.

All Win / Loss statements will be mailed to the current address that was provided by our Guest. Chicken Ranch Casino will mail out the Win / Loss statement via the United States Post Office utilizing Certified Mail Return Receipt. Please provide a photographed copy of your Driver's License front and back, along with this form and either post mail to Chicken Ranch Casino, 16929 Chicken Ranch Road, Jamestown, California, 95327, Attn: Players Club Department or email back to [info@chickenranchcasino.com](mailto:info@chickenranchcasino.com).

By signing this form you are authorizing the Chicken Ranch Casino to execute this voluntary request on your behalf. I certify that I have read the above statements relative to the Authorization Request form and fully understand their meaning.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guest's Printed Name: \_\_\_\_\_

Please allow 2 weeks for processing your request.  
This request can also be done in person. See Players Club for details.

