



WIN/LOSS STATEMENT REQUEST

DATE: _____

NAME: _____

MY STAR REWARDS #: _____

YEAR(S) REQUESTED: _____

PICK UP *(PLAYERS CLUB BOOTH)*

MAIL *(All mailed statements will be mailed to the address that is currently on file with your My Star Rewards account. If your address has changed you will need to complete a W9 to accompany the win/loss request.)*

SIGNATURE: _____

*Win/Loss statements will be processed within 72 hours of the receipt of the signed request.

**Copy of Photo ID required