Win Loss Statement Request

In order for Grand Traverse Resort and Casinos to release this information each customer is required to submit a signed request. Husband and Wife may use one form**. Only complete official request forms will be accepted for processing.**
The win loss statements are only available for Player's Club Card members. Grand Travers Resort and Casinos does not track play that is not associated with a customers player's card account

Please provide me with a Win/Loss Statement for Year (s) _____

Name _____ Player's Card Number: _____

SS# _____ Date of Birth: _____

Mailing Address _____

City/State/Zip: _____

Phone Number (___) _____ Fax (_ _)_____ Email Address _____
***Fax number if you want your statement faxed * providing your email address, you are agreeing to receive emails from Grand Traverse Resort and Casinos**

By signing below the patron hereby releases Grand Traverse Resort and Casinos, its officers, directors, employees, agents from and against any loss, cost, expense (including attorney's fees and costs, damages, liability or clams of any kind. Additionally, patron hereby agrees to indemnify Grand Traverse Resort and Casinos for, from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind related to releasing this information. The undersigned acknowledges that the information being provided is based on player tracking information which includes only the play when the undersigned's players card was connected to the system, and may not accurately reflect the amount of the undersigned's play since the undersigned can play when the card is not connected to the system and is derived from a system that does not verify the identity of the person using the player card and may include estimated amounts to correct human error in inputting information.

Account Holder's Signature _____ **Date**_____

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Please provide me with a Win/Loss Statement for Year (s) _____

Name _____ Player's Card Number: _____

SS# _____ Date of Birth: _____

Mailing Address _____

City/State/Zip: _____

Phone Number (___) _____ Fax (_ _)_____ Email Address _____
***providing your email address, you are agreeing to receive emails from Grand Traverse Resort and Casinos**

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Account Holder's Signature _____ **Date**_____

(Must include a copy of Driver's License OR enter your social security number for verification purposes or request (s) will not be processed) Statements will not be processed until the first of the new year unless specifically requested

Shirley Shananaquet
Grand Traverse Resort and Casinos
Attn: Shirley Shananaquet, CMP Administrator
7741 M-72 East
Williamsburg MI. 49690 Fax 231-534-8841