

Win/Loss Statement Request

Your gaming history statement will be mailed to your address on file.

To help us serve you better, please verify that we have your current mailing address before submitting your request. Address changes can be made by visiting the Thunder Valley Rewards Center.

Please Print						
Name:						
Data of Black	First N	ame I	Middle Initial Last Name			
Date of Birth: MM/DD	/YY					
Player's Card Number	: Tax	Tax Year(s) Requested:				
d/b/a Thunder Valley Casino account. I agree to indemnificated and appointed office iabilities, costs, losses, dama party may have arising out out of its not intended to be or indian Community d/b/a Thu	its employees and agents, to provide and hold harmless the United A rs and officials, members, manages, attorney's fees, and expense for relating to this request. I und to take the place of my own reconder Valley Casino makes no regusted.	ovide in the control of the control	nerein are true and correct and I auth me a Win/Loss Statement of my gami Indian Community d/b/a Thunder Va mployees and agents, from and again ich I, or my spouse, administrators, ex and that the information requested is g my gaming activity. I further underst tation or warranty, express or implied circumstances for the accuracy of thi	ng act alley Ca est any ecuto genera and ar d, as to	ivity derived from my Player's Card asino and its past and present and all suits, causes of action, rs, agents, assignees, or any third ted from internal marketing systems ad agree that the United Auburn of the accuracy of this information or	
Account Holder's Signature (required)					Date	
Mail Your Completed Form To:	Thunder Valley Casino Attn: Rewards Center 1200 Athens Avenue Lincoln. CA 95648	Or	Bring your completed form to the Thunder Valley Rewards Center	Or	Fax your completed form to 916-408-8322	

^{**}Please allow up to two weeks for processing forms received between January 1 and April 15.

After April 15, please allow up to four weeks.