

REQUEST FOR WIN/LOSS STATEMENT

This is a request for Win/Loss statement. I am requesting a copy of my win/loss activity from my Rewards Club card records for the year of:

Completed Rv.

(Please circle year requested) 2010

2017	2018	2019	2020	2021

W-2G reque	ests must be submitted separately by completing a W2-G request form			
DATE:	CLUB CARD #:			
FULL NAME:	DATE OF BIRTH:			
	CONTACT INFORMATION			
	Method of Delivery (check one): Email Mail Fax			
Email Address:				
Phone Number:	Fax Number:			
neld responsible for misdire release information to anyo	ess days to process and additional days for delivery. Pechanga Resort and Casino (PRC) will not be cted Win/Loss Statements. The signature below releases PRC from all liability. PRC cannot ne other than to the original person requesting the Win/Loss. All Win/Loss requests will be sent use. Signatures can and will be verified, prior to the release of any information.			
iignature:	Date:			
The Club at Pechanga Use	Only:			
Received By:	Received Date: Completed By:			

P.O. Box 9041, Temecula, CA 92589-9041 Telephone 951-770-5741 - Win/Loss Hotline WinLoss@Pechanga.com

The Club at Pechanga Fax Number: (951) 770-8660

Received Date: -