



# Win/Loss Request Form

Casino: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Method:                      Mail                      Fax                      Email

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

Customer Name: \_\_\_\_\_

Customer Birthday: \_\_\_\_\_ Red Rock Card #: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer City, State, and Zip: \_\_\_\_\_

Customer Phone/Fax: \_\_\_\_\_

Customer Email Address: \_\_\_\_\_

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### Compliance Use Only

Date Request Completed: \_\_\_\_\_

Person Completing Request: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to: 12875 N. HWY 77 Newkirk, OK 74647 Attention: Compliance

Or Email to [compliance@sevenclans.com](mailto:compliance@sevenclans.com) or Fax to 580-448-3027.

Win/Loss Statements will be processed within 48 hours.