



## Request for Win/Loss Statement

Attn: Randi Graham-Player Relations Supervisor  
777 Casino Road P.O. Box 418  
Mahnomen, MN. 56557  
rgraham@starcasino.com

Please print the following information

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Player's Account Number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City, Stat/Province, Zip/Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Inquiry: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Address to mail win/loss statement, if different from above

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

Mailing Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\* Any questions can be directed to Randi Graham at 1-800-453-7827, ext. 6704