



Request for Win/Loss Statement

Attn: Robin Swenson -Guest Service Specialist
777 SE Casino Road
Mahnomen, MN. 56557
roswenson@starcasino.com

Please print the following information

Player's Account Number: _____

Name: _____

Mailing Address: _____

City, Stat/Province, Zip/Postal Code: _____

Date of Birth: _____

Year of Inquiry: _____ Phone #: _____

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

Name: _____

Mailing Address: _____

City, State/Province, Zip/Postal Code: _____

Signature: _____ Date: _____

*Email Address: _____

* Any questions can be directed to Star Rewards at 1-800-453-7827.