

# REQUEST FOR WIN/LOSS STATEMENT

TO: Revenue Accounting  
Grand Casino Hinckley  
777 Lady Luck Drive  
Hinckley, MN 55037  
FAX: 320-384-4505

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRAND REWARDS#: \_\_\_\_\_

Please send me a Win/Loss Statement for the year of: \_\_\_\_\_

I hereby request that the Corporate Commission of the Mille Lacs Band of Ojibwe Indians, d/b/a Grand Casino Mille Lacs and Grand Casino Hinckley furnish me with the above requested recorded information for my personal use. I hereby hold the Corporate Commission and Grand Casino Mille Lacs and Grand Casino Hinckley harmless of any errors that may be contained within the requested document. I also understand that the figures contained within the requested document may not be indicative of my complete gaming win and or loss and is only that of which was recorded while utilizing my personal Grand Rewards Players Card.

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

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

