

REQUEST FOR WIN/LOSS STATEMENT

TO: Revenue Accounting
Grand Casino Mille Lacs
777 Grand Avenue P.O. Box 343
Onamia, MN 56359
FAX: 320-532-8391



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: _____

