

# Kla-Mo-Ya Casino

## Win/Loss Statement Request Form

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**Directions:** Please complete the entire form. Do not leave any spaces blank. Spouses must complete a separate request form. Incomplete forms will not be processed.

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

I request that Kla-Mo-Ya Casino prepare and mail my tracked play for the year \_\_\_\_\_.

My Bonus Club account # is \_\_\_\_\_

Please mail the statement to the following address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I understand that I cannot receive information to a Bonus Club account which does not match my name. (Spouses must submit a separate form and signed request.) Play not tracked cannot be determined by Kla-Mo-Ya Casino and will not be included on the statement.

**Request forms missing any data above will not be processed.**

**Please submit your Win/Loss Statement Request form to:**

**Fax:** 541-783-3535 or

**Mail:**

Attn: Marketing Coordinator - Win/Loss Statement Request

**Kla-Mo-Ya Casino**

34333 Highway 97 North

Chiloquin, OR 97624