



Jackson Rancheria Casino, Hotel & Conference Center

Dreamcatcher's Club



Request for Win/Loss Statement

Please provide me with a statement of my gaming activity for the year: _____

Name:

First _____ Middle _____ Last _____

Dreamcatcher's Account # _____

Mailing Address _____

City/State/Zip _____

Date of Birth _____

Telephone _____

Driver's License # _____

Email Address _____

I do hereby certify that the statements contained herein are true and correct and I hereby authorize the Jackson Rancheria, its Subsidiaries, Affiliates, and Agents, to provide me a Win/Loss Statement of my gaming activity derived from my Dreamcatcher's Club account. I agree to indemnify and hold harmless Jackson Rancheria and its respective past and present agents, employees, managers, representatives, officers, directors, successors, and affiliated persons, organizations, and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees, and expenses which I, or my administrators, executors, agents, assignees, or any third party may have arising out of or relating to this request. I understand that the information requested is generated from internal marketing systems and is not intended to be or to take the place of my own records of my gaming activity. Jackson Rancheria makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

Account Holder's Signature (required)

(Date)

Bring this form to the Dreamcatcher's Club booth or Fax to 209-223-8393.

Win/Lost Statements will be mailed to the address on your account.