



CONCHO • CLINTON • CANTON • WATONGA
CONCHO TRAVEL CENTER • HAMMON TRAVEL CENTER

WIN/LOSS STATEMENT REQUEST FORM

Please check:

- PICK-UP MAIL E-MAIL W-2 WIN/LOSS

Date Request Made: _____

REQUEST	
CUSTOMER NAME:	CUSTOMER CARD NUMBER:
CUSTOMER ADDRESS:	
CUSTOMER CITY/STATE/ZIP:	
CUSTOMER PHONE/FAX:	
CUSTOMER EMAIL:	
YEAR(S) REQUESTED:	CASINO LOCATIONS REQUESTED:
CUSTOMER SIGNATURE:	DATE:

FOR OFFICE USE ONLY
DATE COMPLETED:
PERSON COMPLETING REQUEST:
COMMENT(S):

A copy of identification and social must accompany form to release. One person per form.

Please email to Bethany Roberts @ broberts@luckystarcasino.org or call 405.422.6556

PLEASE ALLOW UP TO 2 WEEKS TO PROCESS.