GRAND VICTORIA CASINO

E L G I N

WIN/LOSS REQUEST FORM

Due to the proprietary nature of this information the requesting member must show a picture ID and sign this request. Mailed requests must include a copy of State ID or License.

Print Last Name _____ Print First Name _____ M.I. _____

Club Victoria Number (Number on Card) _____ D.L. or State ID Number (must present ID to Clerk/Concierge) _____

Concierge/Clerks Signature/Badge # _____

Time Period Requested:

Calendar Year _____

_____ I will retrieve it in the Brighton Lounge.
The statement will be held for one month after the request.

_____ Mail To: _____
Address

City _____ State _____ Zip _____

Signature _____ Date _____

Concierge Signature/Badge # _____ (completed by) DATE _____

I have received the above requested Win/Loss statement

Signature _____ Date _____

Concierge Signature/Badge # _____

If you or someone you know has a gambling problem, crisis counseling and referral services can be accessed by calling 1.800.GAMBLER (1.800.426.2537)