



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 or faxed must include a copy of State ID or License.

Printed Last Name

Printed First Name

M.I.

Club GVC Number (number on card starting w/7)

D.L. or State Id Number (must present to Concierge)

Concierge Signature/Badge #

Time Period Requested:

Calendar Year (s): _____

I will retrieve the Win/Loss Statement at Club GVC or V-Lounge

- The statement will be held for one (1) month after the request

Mail to: _____

Street Address/P.O. Box

City

State

Zip Code

Club GVC Member Signature

Date Signed

Concierge Signature/Badge # (completed by)

Date Completed

**WIN/LOSS requests can be faxed to Club GVC at 847-214-2666 or mailed to 250 S. Grove; Elgin, IL 60120
Faxed and mailed requests must include a copy of Driver's License or State ID.**