



WIN/LOSS STATEMENT REQUEST

For Year Ending _____

Advantage Rewards Information

Players Club # _____

Name: _____

SSN: _____

Last First MI

Linked Member Information

Players Club # _____

Name: _____

SSN: _____

Last First MI

Address: _____

Zip: _____ City: _____

State: _____

How would you like to receive your statement?

Please mail it to my address above:

I will pick it up at the Rewards booth :

Signature: _____ Date: _____

Please fax this number: _____

Please mail to: Nugget Casino Resort

Attn: Slot Department

1100 Nugget Avenue

Sparks, NV 89431

If you have any questions, please contact the Slot Department at 775-356-3300