



Request for Win/loss statement

Form requires 10-14 business days to process

Please Print and include all information

Year Requesting (example: 2013, 2014, etc) _____ How would you like to receive your statement?
Camas Rewards Card No: _____ Mail Pick-Up Fax
Name: _____ Date of Birth _____
Current Mailing address: _____ City, State, Zip Code: _____

Phone #: _____
Fax #: _____

Address to mail Win/Loss statement (if different from above)
Mailing address: _____
City, State, Zip Code: _____

To obtain an annual Win-Loss statement, this form must be signed and completed in person at the Camas Rewards Center, and authorized by a Camas Rewards Center representative. An annual Win-Loss statement may also be requested remotely by printing and completing the form, obtaining a valid Notary signature, and then submitting to the Camas Rewards Center via mail or fax. Requests may take 10-14 business days to complete. The Camas Rewards Center is not responsible for forms not received through remote submission. Forms submitted remotely must have valid Notary signatures to be processed.

Unsigned, illegible or damaged request forms will result in a win/loss statement not being processed. Valid Photo ID is required when picking up statements at Northern Quest Resort and Casino. NQRC is providing this statement in good faith to our members who request this statement and have provided a notarized signature. A Camas Rewards Center Representative may act as a witness if the form is returned to the Camas Rewards Center in person with a VALID ID.

Thank you for requesting your estimated win/loss statement. Your estimated win/loss was determined by your actual play while correctly using your Players Club Card in the video lottery terminals at Northern Quest Resort and Casino. The automated system recorded all money played into and paid out of the VLT's, as well as hand paid jackpots. Table games play was recorded by pit supervisors and hand entered into the automated system. This statement is provided to our guests for informational purposes only. Although this statement is not sent to the IRS or any other agency, please note that Northern Quest Resort and Casino must report certain gambling winnings as required by the Internal Revenue Code. It is possible to win or lose larger sums than our system records if you did not always use your Camas Rewards Club Card or if you gamble at other facilities. Northern Quest Resort and Casino assumes no responsibility for the accuracy of the figures provided. It is each taxpayer's responsibility to maintain records for tax purposes. Northern Quest Resort and Casino is an enterprise of the Kalispel Tribe of Indians (Tribe). The Tribe, including but not limited to its enterprises and employees, enjoys sovereign immunity from suit. Any information released by the Tribe pursuant to this request is done so voluntarily and is not a waiver of the Tribe's sovereign immunity. By releasing the requested information the Tribe is not making any representation nor is it taking a position regarding any litigation between any parties. Nothing herein is, nor should be deemed to be, a waiver of the Tribe sovereign immunity from suit.

Northern Quest Resort and Casino appreciates your patronage over the past year. If you have questions regarding this form or your Win/Loss statement please call a Camas Rewards Center Supervisor at 509-481-2320

Signature Required: _____ Date: _____

ID verified by Rep Badge & Initials: _____ Date: _____

OR NOTARIZED BELOW

State of _____ County Of _____

I certify that I know or have satisfactory evidence that _____ (name of person) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Given under my hand and seal of office this _____ day of _____, 20_____.

Notary Public residing at _____

Printed Name: _____

My Commission Expires: _____

{notary seal}

* Requests for Win/Loss statements must be requested each year.