MUSCOGEE NATION
GAMING ENTERPRISES

CHECOTAH

REQUEST FOR WIN/LOSS STATEMENT

FOR SECURITY PURPOSES, A COPY OF YOUR DRIVER'S LICENSE OR STATE ID MUST BE INCLUDED WITH ANY REQUEST.

All information requested on this form must be filled out. Forms not completely filled out will not be honored.

Account Holder's First Name (Please Print) MI Last Name

Mailing Address City State Zip

Connect Card Number Social Security Number Date of Birth

Phone Number

Tax Year(s) Requested: _____

MAIL REQUEST TO:
Checotah Casino
Attn: Players Club
830 N. Broadway Ave.
Checotah, OK 74426

Statements will be mailed to address provided. Allow two weeks for processing. No information will be provided over the phone. W2G information is not included in the Win/Loss Statement and will need to be requested separately through the casino's accounting office.

The information requested is associated with internal marketing information only, and reflects information currently available in the database resulting from carded electronic games played at Checotah Casino property only. Checotah Casino makes no representation or warranty as to the accuracy of this information or its effectiveness as proof of losses.

Account Holder's Signature:_____ Date:_____

DO NOT WRITE IN BOX BELOW. FOR CHECOTAH CASINO USE ONLY.

Date Received:	
Processed By:	
Processing Completed Date:	

07.2026.27736