



Quinault Beach
RESORT AND CASINO

Quinault Beach Resort and Casino Win/Loss Request Form

Guest Name: _____

Q-club Card #: _____

Street Address: _____

Address 2: _____

City: _____

State: _____ ZIP Code: _____

Guest phone #: (____) _____

Guest-E mail: _____

DOB: __ __ / __ __ / __ __

Tax Year: _____

Guest's Signature: _____