



ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

- The STRAT Hotel, Casino & SkyPod
 Aquarius Casino & Resort
 Colorado Belle
 Edgewater
 Rocky Gap Casino
 Pahrump Nugget
 Gold Town
 Lakeside Casino
 Arizona Charlie's Boulder
 Arizona Charlie's Decatur

Member Name (Please Print) _____

True Rewards™ Number _____

Social Security Number _____

Date of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip _____

(Area code) Telephone _____

Email Address _____

I hereby request that the property provide me with an estimated win/loss statement for the calendar year(s) of _____. I understand that the information provided will reflect the requested wins and losses while using my True Rewards card bearing the above account number, and is not equivalent to, or intended for use as, any government documentation required for the filing of my personal taxes.

I hereby release and hold harmless "Property," its subsidiaries and employees from any liability associated with my use of this information for any purpose.

The estimated win/loss statement that I receive will include any carded play I may have for Slots, Video Reel, Pit, Race and Sports, Keno and Bingo.

Member Signature _____

Date _____

Select One: Pick Up / Mail

If True Rewards member does not present request in person, member's signature must be notarized. Only the member may receive or request a Win/Loss Statement. Member MUST present valid photo ID acceptable to Golden Entertainment, Inc., in its sole and absolute discretion.

SUBSCRIBED AND SWORN TO before me

The _____ day of _____, 20_____.

NOTARY PUBLIC _____

Request completed by:

Employee Signature _____

Date _____

**Return to: The STRAT Hotel, Casino & SkyPod Attn: TRUE REWARDS CLUB
2000 Las Vegas Blvd. South, Las Vegas, NV 89104**