

Aquarius Win/Loss Form

Primary Player's Name: _____

ace | PLAY™ card#: _____

Signature: _____

Secondary Player's Name: _____

ace | PLAY card#: _____

Signature: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Year Requested: _____

Mail Requests To:

The Aquarius Casino Resort
1900 S. Casino Drive
Laughlin, NV 89029
Attn: **ace** | PLAY Center
Fax: 702-298-8395
Email: winlossrequests@theaquarius.com

Win/Loss statements will be mailed back within 72 hours of receiving the request. If emailing your request, please send the request signed.

