



# 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: Aquarius Casino Resort; Attn: TRUE REWARDS CLUB  
1900 S. Casino Drive, Laughlin, NV 89029**