Agua Caliente Casino/
Spa Resort Casino
Win/Loss Statement Request

Name:	Casino:
Date of Birth:	Account Number:
Social Security Number:	
Email Address:	
Is this a change of address? YES NO (please circle)	
Mailing Address:	
City/State/Zip:	
Telephone:	

Please provide me with a statement of my gaming activity for the year: 2006 2007 2008 2009 (Please Circle)

If Account Holder does not present request in person, Account Holder's signature must be notarized. Only Account Holder may receive or request a Win Loss Statement. Account Holder MUST present valid Government issued photo ID acceptable to Agua Caliente Casino & Spa Resort Casino , in its sole and absolute discretion.

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Agua Caliente Casino & Spa Resort Casino, its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from the above referenced Account. I agree to indemnify and hold harmless Agua Caliente Casino & Spa Resort Casino, and its respective past and present agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of or relating to this request as a result of this request.

Account Holder's Signature Is Required Below

In witness whereof, I have executed this request at _____, _____
City State

on the _____day of_____, 20____

_____
Account Holder's Signature

SUBSCRIBED AND SWORN TO before me

the_____day of _____, 20_____

_____
NOTARY PUBLIC

Do Not Write In This Box
For Agua Caliente Casino & Spa Resort Casino Use Only

Valid Government Issued Identification Type	Insert Valid Government Issued Identification Type Verified	Verifier's Signature and Date
Notarized		
Photo Identification Valid Government Issued		
Date Received		
All Items Verified in Player Tracking		

Please present this request to the Rewards Center or Promotion Center at any Agua Caliente Casino & Spa Resort Casino' property. If this request is not presented in person, request must be notarized. Please mail the original request to:

Agua Caliente Casino
Win/Loss Statement Request
32-250 Bob Hope Drive
Rancho Mirage, CA 92270
Fax: (760) 202-6312

Spa Resort Casino
Win/Loss Statement Request
401 E. Amado Road
Palm Springs, CA 92262
Fax: (760) 883-1256