GOLDEN™
ENTERTAINMENT

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