

## ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

Stratosphere  Aquarius  Arizona Charlie's Boulder  Arizona Charlie's Decatur

Member Name (Please Print)

ace | PLAY™ 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 ace | PLAY 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 ace | PLAY 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 American Casino and Entertainment Properties, LLC, in its sole and absolute discretion.

SUBSCRIBED AND SWORN TO before me

The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

Request completed by:

Employee Signature

Date