



ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

Arizona Charlie's Decatur Casino & Hotel

740 S. Decatur Boulevard
Las Vegas, Nevada 89107
Attn: ace | PLAY™ Center

Customer Name ace | PLAY #
Social Security # Date of Birth
Address City State Zip
(Area Code) Telephone Email Address

I, _____, do formally request that Arizona Charlie's Decatur Casino & Hotel provide me with an estimated win/loss statement for the calendar year _____. 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 Arizona Charlie's Decatur Casino & Hotel its subsidiaries and employees from any liability associated with my use of this information for any purpose.

Select form of play ___ Slots/Video
___ Live (Pit, R&S, Keno, Bingo)

Customer Signature Date
Employee Signature Date

Select One
Pick up _____ Mail _____