

SAHARA

LAS VEGAS

ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

Member Name *(Please Print)*

Club 52 Account #

Address

Apt #

City

State

Zip

Email Address

Telephone Number

Date of Birth

Preferred Method of Return
(Please Circle)

Email

Mail

Pick Up

I hereby request that SAHARA Las Vegas provide me with an Estimated Win/Loss Statement for the calendar year(s) of _____. I understand that the information provided will only reflect the gaming activity while using the Club 52 account number listed above. This activity will include slots, video poker, video reels, and table games. SAHARA Las Vegas makes no representation or warranty, expressed or implied, as to the accuracy of this information or its effectiveness as proof of wins or losses. I hereby release and hold harmless SAHARA Las Vegas, its subsidiaries and employees from any liability associated with my use of this information for any purpose.

Member Signature

Date

The Account Holder must either present the request in person or have the request notarized. Only the Account Holder may request or receive an Estimated Win/Loss Statement. The Account Holder MUST present valid photo ID acceptable to SAHARA Las Vegas, in its sole and absolute discretion.

SUBSCRIBED AND SWORN TO before me

The _____ day of _____, 20_____.

NOTARY PUBLIC

Request Completed By:

Employee Signature

Date

Please present this request to the Main Cashier at SAHARA Las Vegas.
If not submitting in person, please mail or email the original request to:

SAHARA Las Vegas Attn: Casino Marketing Department Win Loss Request
2535 Las Vegas Blvd South, Las Vegas, Nevada 89109
Email to: winloss@saharalasegas.com Fax to: 702.761.8514