



Hooters Casino
Attn: Casino Marketing
115 East Tropicana Avenue
Las Vegas, NV 89109

To: Casino Marketing

Request Date: \_\_\_/\_\_\_/\_\_\_

Office: (800) 726-7366

Fax: (702) 597-6004

Email: playersclub@hooterslv.com

Form must be filled out completely. A copy of your photo ID is required to process the request. Please allow 5-7 business days to have your request completed. You may mail, e-mail or deliver your completed Win/Loss statement request in person to the Rewards Club+ Desk.

Table with 2 columns: Name, Account Number, Date of Birth, Tax ID (last 4 digits only), Email Address.

Is this a change of Address? YES OR NO (Please Circle)

Mailing Address:
City/State/Zip:
Telephone:

REQUEST FOR WIN/LOSS STATEMENT

Please provide me with a statement of my gaming activity for the year:

2010 2011 2012 2013 2014 Other (Please Circle)

I, \_\_\_\_\_ authorize Hooters Casino to print a copy of my Win/Loss Statement.

I do hereby certify the information contained herein is true and correct, and I hereby authorize Hooters Casino to provide to me a win/loss statement of my gaming activities derived from my Rewards Club+ account history. In consideration for this, I agree to indemnify and hold harmless 155 East Tropicana, LLC d/b/a Hooters 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 executors, administrators, agents, assignees or any third party may have arising out of or relating to this request as a result of this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rewards Club+ Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Supervisor only
Name: \_\_\_\_\_ Date: \_\_\_\_\_