

## ESTIMATED WIN/LOSS STATEMENT REQUEST FORM

## The STRAT Hotel, Casino & SkyPod

Member Name (Please Print)		True Rewa	True Rewards™ Number  Date of Birth		
Social Security Number	Date of Bir				
Address	Apt #	City	State	Zip	
(Area code) Telephone		Email Add	ress		
year(s) ofwins and losses while using equivalent to, or intended for personal taxes.  I hereby release and hold har associated with my use of the the transfer of the estimated win/loss state.	my True Rewards of use as, any gover rmless "Property," is information for a	card bearing the above nment documentation its subsidiaries and en any purpose.	e account numl required for th aployees from	ber, and is not e filing of my any liability	
Reel, Pit, Race and Sports, k			и ріаў і паў па	ave for Slots, video	
Member Signature		Date			
Select One: Pick Up /	Mail				
If True Rewards member de Only the member may rece ID acceptable to Golden Er	ive or request a V	Vin/Loss Statement. I	Member MUS	T present valid phote	
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