

REQUEST FOR STATEMENT OF GAMING ACTIVITY



HOTEL • CASINO RESORTS • LAUGHLIN

P.O. Box 77000 · Laughlin, NV 89028

PH: 702-298-2453 ext. 3779 / FX: 702-298-5606

Email: dcortez@cb-ew.com

First Name: _____ Last Name: _____

Date of Birth: _____ ACCESS Club Number: _____

Email Address: _____

Is this a change of address? YES NO (please circle one)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please provide me with a statement of my gaming activity for the year(s): _____

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Marnell-Sher Gaming, Inc. to provide a statement of my gaming activity ('Win-Loss Statement') based on the ACCESS Club account listed above. I agree to indemnify and hold harmless Marnell-Sher Gaming, Inc. and its 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 administrators, executors, agents, assignees or any third party may have arising out of or relating to this request as a result of this request.

Account Holder's Signature is Required:

Signature: _____ Date: _____

Fax Number (only if you want Statement faxed to you): _____

PLEASE NOTE THAT ALL REQUESTS MUST BE RECEIVED IN WRITING.

Please use a separate form for additional persons.

If you are a member of both Edgewater and Colorado Belle player clubs, only one form needs to be filled out for both.

Official Use Only

Date Request Received: _____ By: _____

Date Statement Mailed: _____ Mailed By: _____