



the D Las Vegas Casino Hotel

Annual Activity "Win Loss" Request Form

Gaming history requests are mailed to your address on file or can be sent electronically via e-mail. Please verify that we have your current mailing address before submitting your request. A separate request must be completed for each account.

Please Print Clearly -- All information must be complete.

Players Club Number: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Tax Year(s) Requested: _____

I request that the D Las Vegas Casino Hotel provide my historical gaming activity as specified above. In consideration for this information, I hereby release the D Las Vegas and all of their respective employees and agents from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claims. I understand that the information requested is generated from internal systems and is not intended to be or take the place of my own records of my gaming activity. the D 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.

By checking this box, I authorize the D Las Vegas Casino Hotel to send my annual activity "win loss" statement electronically to my email address on file.

Signature: _____ Date: _____

Return your completed form to the address below, or present in person at Club D. Allow 2-4 weeks to receive your statement.

**the D Las Vegas Casino Hotel
Attn: Club D Players Club Manager
301 Fremont Street
Las Vegas, NV 89101**