

## SIOUX CITY

## **WIN/LOSS STATEMENT REQUEST**

Name:		Telephone:		
Date of Birth:		Casino:	Casino:	
Email Address:		Account Number:	Account Number:	
Mailing addre	ss:			
City/State/Zip	):			
Is this a chang	ge of address? YES NO (please circle)			
	e me with a statement of my gaming act not provide current year statements.)	tivity for the year: 2023		
	rtify that the statements contained here	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
above reference agents, emplo companies, from	s, affiliates and agents, to provide to me ced account. I agree to indemnify and ho oyees, managers, representatives, officer om any and all suits, causes of action, lia histrators, executors, agents, assignees o this request.	old harmless SCE Partners, LLC, is, directors, successors and affilabilities, costs, losses, damages,	and its respective past and present liated persons, organizations and attorney's fees and expenses which	
	ACCOUNT HOLDER'S	SIGNATURE IS REQUIRED BELO	W	
In witness whereof, I have executed this request at		City , -	State	
on the	_ day of , 20			
Holder may re	der does not present request in person, recive or request a Win/Loss Statement.	Account Holder's signature mu Account Holder MUST present		
-	AND SWORN TO before me the		0	
JODJCKIDED F	AND SWORN TO BEFORE THE LITE	, 20	O	
		UNTY	STATE	
• • • • • • • •	DO NOT WRITE IN THIS BOX - FOR HA			
	VALID GOVERNMENT ISSUED IDENTIFICATION TYPE	INSERT VALID GOVERN IDENTIFICATION TYP		
	Notarized			
	Valid Photo ID Verified			
_	Verifier's Signature and Date:			

Please present this request to the Backstage Pass Rewards Club Desk at Hard Rock Hotel & Casino Sioux City. If this request is not presented in person, request must be notarized. Please mail the original request to:

Hard Rock Hotel & Casino Sioux City Win/Loss Statement Request 111 3rd Street Sioux City, IA 51101