



SIoux CITY

# WIN/LOSS STATEMENT REQUEST

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Casino: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Please provide me with a statement of my gaming activity for the year: **2025**  
(Please Circle. We do not provide current year statements.)

I do hereby certify that the statements contained herein are true and correct and I hereby authorize SCE Partners, LLC, its subsidiaries, affiliates and agents, to provide to me a win/loss statement of my gaming activity derived from the above referenced account. I agree to indemnify and hold harmless SCE Partners, LLC, 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 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 BELOW

In witness whereof, I have executed this request at \_\_\_\_\_, \_\_\_\_\_ State  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Account Holder's Signature

**If Account Holder does not present request in person, Account Holder's signature must be notarized. Only Account Holder may receive or request a Win/Loss Statement. Account Holder MUST present valid government issued photo ID acceptable to SCE Partners, LLC, in its sole and absolute discretion.**

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC COUNTY STATE

### DO NOT WRITE IN THIS BOX - FOR HARD ROCK HOTEL & CASINO SIOUX CITY USE ONLY

VALID GOVERNMENT ISSUED IDENTIFICATION TYPE	INSERT VALID GOVERNMENT ISSUED IDENTIFICATION TYPE VERIFIED
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**