

CIRCUS CIRCUS

R E N O

An MGM MIRAGE Property
circusreno.com

Win/Loss Statement Request Form

Fill out the request form below completely and sign. **Please print legibly.** You may mail, fax or scan and e-mail your completed request form using the information provided below or you may deliver it in person to the One Club booth. You may only request information for yourself. If you are on a joint account and are requesting information for both players on the account then **both** players must sign the form. Please allow adequate time to process your request – approximately two weeks.

For privacy purposes, the requested statement will be mailed to the address we have on file for your One Club account unless you specify another address below. You may verify the address information we have on record for you by either checking at the One Club booth or calling the One Club Hotline at (775) 328-9520. If you prefer to have your statement faxed or e-mailed to you, please provide a fax number or e-mail address in the appropriate field below.

Mail: Circus Circus® Reno
Attn: Slot Department
P.O. Box 5880
Reno, NV 89513-5880

Fax: (775) 328-9557

E-Mail: ccrwinloss@circusreno.com

Your Win/Loss Statement will include estimated Slot play activity which was collected while playing with your One Club card inserted in the slot machine. It will not include slot tournament or giveaway party winnings, table games, race and sports book, poker or keno activity. Therefore, your statement does not constitute your total gaming activity – it merely reflects an estimate you can use to compare to your own records. We suggest you give your statement to your tax advisor for direction on the best way to use the information.

Date: ___ / ___ / _____

One Club Card Number: _____ **Contact Phone #:** _____

Customer Name: _____

Joint Account Name: _____

Date of Birth: ___ / ___ / _____ **Joint Date of Birth:** ___ / ___ / _____

Tax Year(s) Requested: 2008 2007 2006 2005 2004 2003

Delivery Address: Address: _____

Business Name: _____

City/State: _____

Province/Country: _____

Postal Code: _____

Delivery Fax: Area Code & Number: _____ **E-Mail Address:** _____

I do certify that the information contained herein is true and correct, and I hereby authorize Circus Circus Reno, An MGM MIRAGE property, its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from my players' club account history. In consideration for this, I agree to indemnify and hold harmless Circus Circus Reno and its past and present agents, directors, employees, managers, representatives, officers, successors, affiliated persons, organizations and companies from any and all claims, causes of action, liabilities, costs of damages arising from or relating to the information and its release as result of this request.

I understand that the information requested is generated from internal marketing systems and is not intended to be or take the place of my own records of my gaming activity. Circus Circus Reno makes no representation or warranty, express or implied as to the accuracy of this information or its effectiveness as proof of losses.

Member Signature: _____ **Joint Signature** _____