



Golden Gate Hotel & Casino

Gaming History Request Form

Gaming history requests are mailed to your address on file. 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: _____

Social Security Number: _____ - _____ - _____

Tax Year Requested: _____

I request that Golden Gate Hotel & Casino provide my historical gaming activity as specified above. In consideration for this information, I hereby release Golden Gate Hotel & Casino 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. Golden Gate Hotel & Casino makes no representation or warranty, expressed or implied, as to the accuracy of this information or its effectiveness as proof of wins or losses.

Patron's Signature: _____

Date: _____

Return your completed form with a self-addressed, stamped envelope to Club 1906. Allow 2-4 weeks to receive your statement. Please mail to:

Golden Gate Hotel & Casino
Attn: Barbra Wolfe
One Fremont Street
Las Vegas, NV 89101