

Golden Gate Hotel & Casino

Gaming History 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:	-
Social Security #: _ - - - - - - - -	Tax Year(s) Requested:
I request that Golden Gate Hotel & Casino provide m In consideration for this information, I hereby releates respective employees and agents from any and all clarand its release, and further agree to indemnify and any such claims. I understand that the information and is not intended to be or take the place of my ow Hotel & Casino makes no representation or warrand this information or its effectiveness as proof of wins of the case of	se Golden Gate Hotel & Casino and all of their aims arising from or relating to the information hold those entities and persons harmless from requested is generated from internal systems on records of my gaming activity. Golden Gate ty, expressed or implied, as to the accuracy of
\square By checking this box, I authorize Golden Gate Hote electronically to the following e-mail address – 1 char	
Signature:	Date:

Return your completed form with a self-addressed, stamped envelope to the address below, or present in person at Club 1906. Allow 2-4 weeks to receive your statement.

Golden Gate Hotel & Casino Attn: Marketing Department 1 Fremont Street Las Vegas, NV 89101