

# CLUB COAST at The Orleans

## Annual Activity Report Request Form

Member Name:	Date of Birth:
Club Card Number:	Date Mailed:
Mailing Address:	Completed By:
City / State / Zip:	

Year(s) Requested (please circle):            2005            2006            2007

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**Club Coast will mail the report to the above address within two weeks.**

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By signing below, the patron hereby releases Coast Hotels and Casinos, Inc., a Nevada Corporation, d.b.a. The Orleans Hotel & Casino, Barbary Coast Hotel & Casino, Gold Coast Hotel & Casino, Suncoast Hotel & Casino, its officers, directors, employees, agents and/or assigns, and its parent and affiliated companies for, from and against any loss, cost, expense, damages, liability or claims of any kind. Additionally, the patron hereby agrees to indemnify Coast Hotels and Casinos for, from, and against any loss, cost, expense, damages, liability or claims of any kind related to releasing this information. The undersigned acknowledges that the information is being provided (i) is associated with the player tracking information only, and (ii) no assurance is made that this activity was accumulated by the undersigned, and (iii) the information may not be all inclusive of the undersigned's gaming activity and only reflects information currently available in the database.

**Member Signature**

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**Date**

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PLEASE BRING THIS FORM TO CLUB COAST BOOTH

OR MAIL COMPLETED FORM TO:  
**The Orleans Hotel & Casino**  
**Club Coast Annual Activity Request**  
**4500 W. Tropicana Ave.**  
**Las Vegas, NV 89103**

OR FAX COMPLETED FORM TO:  
**(702) 365-7555**  
**Attention: Club Coast**