



## Mail or Pickup Win/Loss Request Form

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Account Number:** \_\_\_\_\_

**Time Period Requested:** \_\_\_\_\_

**Win/Loss requests received via mail, email or fax must also include a clear copy of the requestor’s non-expired government issued identification. Statements will only be mailed to the above address within two weeks of receipt.**

Win/loss information has been gathered to assist The Aliante management. It is strictly an observed estimate of win/loss that has been gathered for internal tracking purposes only. The information is based on player tracking information which includes win/loss from play when a player’s Rewards Card is inserted in a slot machine or when the player is engaging in rated play at table games. If during the time covered by this win/loss statement, you played slot machines at any time without using your card, or if you played tables games without being rated, your wins or losses at those times are not recorded in our system. In addition, the system does not verify the identity of the person using a player card at slot machines or while being rated at table games. Finally, win/loss or buy-in for other game types such as Bingo, Live Poker, Keno or Race/Sports is not provided in this win/loss statement. Therefore, win/loss attributed to the card at the time may not be your actual win/loss. Also, win/loss, in particular while being rated at table games, is subject to estimates made by our employees and may be subject to inputting or other errors. Finally, system errors or malfunctions may result in reported win/loss being different than your actual win/loss.

**Aliante Rewards Member**

**Signature/Date** \_\_\_\_\_

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|---|--|
| <b>Date Sent By Mail:</b>   | <b>Property Use Only/Received:</b>                                   |
| The Aliante Casino + Hotel + Spa<br>Attention Annual Activity Request/Rewards Center<br>7300 Aliante Parkway<br>North Las Vegas, NV 89084 | <b>Statement Printed Date:</b><br><br><b>Requested completed by:</b> |
| <b>By Fax: 702-692-7460</b>   | <b>ID Verified By:</b>   |