

# GOLDEN ACORN CASINO™

## TRAVEL CENTER

### Win/Loss Statement Request; Please complete the following:

Name:	Players Gold Account No.
Social Security Number:	Date of Birth:
Mailing Address:	
City/State/Zip:	
Telephone:	Email Address:

**Please provide me with a statement of my gaming activity for the year (Please Circle)**

**2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025**

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Golden Acorn Casino and Travel Center, its Subsidiaries, Affiliates and Agents, to provide to me a Win/Loss statement of my gaming activity derived from my Players Gold Club Account. I agree to indemnify and hold harmless Golden Acorn Casino and Travel Center, and its respective past and present agents, employees, Managers, representatives, officers, directors, successors and affiliated persons, organizations, and companies, from all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of or relating to this request as a result of this request.

**Account Holder's Signature Is Required Below**

In witness whereof, I have executed this request at \_\_\_\_\_, \_\_\_\_\_. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City State

\_\_\_\_\_  
Account Holder's Signature

**If Account Holder does not present request in person, Account Holder's signature must be notarized.**

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**Do Not Write In This Box. For Golden Acorn Casino Use Only**

Identification Type	Insert Identification Type Verified	Verifier's Signature and Date
Notarized		
Photo Identification		
Other Identification		
Date Received		

Please present this request to the Players Gold Club Booth at the Golden Acorn Casino and Travel Center.  
If this request is not presented in person, please mail the original request to:

**Golden Acorn Casino and Travel Center  
1800 Golden Acorn Way  
Campo, CA 91906**

A facsimile of this request will not be accepted.