



Win/Loss Statement Request Form

Please fill out the following information:

First Name*:

Last Name*:

Birthday*:

Players Card Number:

Email*:

Phone*:

Mailing Address:

Mail Preference:

Email Postal Mail

After completing the form, please mail it to the following address:

Boomtown Casino Hotel
Attn: Players Club W/L
P.O. Box 399, Verdi, NV 89439

Or fax the completed form to the following fax number: (775) 345-8696, Attn: Players Club W/L.

Terms & Conditions: I request that Boomtown Casino Hotel provide my historical gaming activity. In consideration for this information, I hereby release Boomtown Casino Hotel and all of their respective officers, directors, 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. The IRS recommends keeping a diary or similar record of your gambling activity. I understand that the information requested is generated from internal marketing and is not intended for tax reporting purposes to the IRS or any other State or Local reporting agency. For specific information on tax return preparation and IRS requirements, please consult a tax advisor or the IRS at www.irs.gov. Boomtown Casino Hotel makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses. Submissions may take up to 48 hours to process.

*Indicates required field