

## SIOUX CITY

## **WIN/LOSS STATEMENT REQUEST**

Name:		Telephone:		
Date of Birth:		Casino:	Casino:	
Email Address:		Account Number:	Account Number:	
Mailing addres	SS:			
City/State/Zip:				
	e of address? YES NO (please circle			
	me with a statement of my gaming a ot provide current year statements.)	ctivity for the year: 2014	2015	
		• • • • • • • • • • • • • • • • • • • •	d I hereby authorize SCE Partners, LLC,	
above reference agents, employ companies, fro	yees, managers, representatives, office om any and all suits, causes of action, l istrators, executors, agents, assignees	hold harmless SCE Partners ers, directors, successors an iabilities, costs, losses, dam	ny gaming activity derived from the , LLC, and its respective past and present d affiliated persons, organizations and lages, attorney's fees and expenses which e arising out of or relating to this request	
	ACCOUNT HOLDER	'S SIGNATURE IS REQUIRED	BELOW	
In witness whereof, I have executed this request at		City	State	
on the day of , 20			Jac	
Holder may red	der does not present request in persor	t. Account Holder MUST pro		
SUBSCRIBED AI	ND SWORN TO before me the	day of	, 20	
		, _		
		OUNTY	STATE	
• • • • • • • • •	DO NOT WRITE IN THIS BOX - FOR H		O SIOUX CITY USE ONLY	
VALID GOVERNMENT ISSUED IDENTIFICATION TYPE			INSERT VALID GOVERNMENT ISSUED IDENTIFICATION TYPE VERIFIED	
	Notarized			
Γ	Valid Photo ID Verified			
	Verifier's Signature and Dat	e:		

Please present this request to the Backstage Pass Rewards Club Desk at Hard Rock Hotel & Casino Sioux City. If this request is not presented in person, request must be notarized. Please mail the original request to:

Hard Rock Hotel & Casino Sioux City Win/Loss Statement Request 111 3rd Street Sioux City, IA 51101