



HAVASU LANDING

RESORT & CASINO

P.O. Box 1975

Havasus Lake, CA 92363

(760)858-4593

casino@myhlrc.com

WIN/LOSS STATEMENT REQUEST

Please Print

Requested By: _____ Date: _____

Players Card Number: _____

I request that Havasus Landing Casino provide my historical gaming activity for the year _____. In consideration for this information, I hereby release Havasus Landing Casino, it's parent company and affiliated companies, and all of their respective officers, employees and agent (Havasus Landing Casino) from any and all claims arising from or relating to the information and it's release. I further agree to indemnify and hold those entities and persons harmless from any such claims. I understand that the information requested is generated from internal marketing systems and is not intended to be or take the place of my own records of gaming activity. Havasus Landing Casino makes no representation or warranty, express or implied as to the accuracy of this information or it's effectiveness as proof of losses.

Patron Name: _____ Date of Birth: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Patron's Signature: _____

To assist us in providing your gaming History Statement in time for the current tax year,
please submit your request by April 1st.