



NEWPORT GRAND SLOTS

150 ADMIRAL KALBFUS ROAD - NEWPORT, RI 02840 - (401) 849-5000

WIN/LOSS STATEMENT REQUEST FORM

Please present this request to Newport Grand Slots Rewards Desk (Front Lobby). If this request is not presented in person, request must be notarized. Please mail the original request to:

Newport Grand Slots
Attn: Marketing Dept. (Win/Loss)
150 Admiral Kalbfus Road
Newport, RI 02840

YEAR 2011
Statement date range is
2/1/2011 to 12/31/2011

Please fill out the below player information and address completely including your signature and date. Incomplete request will be delayed pending missing information or rejected. Newport Grand will mail the requested statement within two weeks.

First Name (Please Print)	MI	Last Name	
Street Address (Must Match Address On File)	City	State	Zip
Rewards Card Number	Date of Birth	Phone Number	Email Address

Request Agreement

I certify that the statements contained herein are true and correct, and I hereby request that the Newport Grand Slots establishment provide me with the information requested above. I understand that it is my own responsibility to maintain accurate records of play, and that the information I am requesting consists of estimates only and may not be appropriate for income tax reporting. In consideration of my receipt of this information, I agree to indemnify and hold harmless Newport Grand Slots, its subsidiaries and affiliates, and their respective officers, directors, employees and agents from any and all claims, suits, causes of action, liabilities, costs, losses, damages, and expenses (including attorney's fees and costs) which I, or my administrators, executors, agents, successors, heirs or assigns, or any third party, might have incur as a result of, or in any way relating to, my receipt and/or use of the information.

SIGNATURE (REQUIRED)	TODAY'S DATE
<u>If the Account Holder does not present this request in person, the Account Holder's signature must be notarized.</u>	
SUBSCRIBED AND SWORN TO before me The _____ day of _____, 20____.	
_____ NOTARY PUBLIC	

Do not write below the line; Newport Grand Slots use only

Date Received: _____ Date Processed: _____ Date Mailed: _____
Received By: _____ Processed By: _____ Mailed By: _____