

**Four Queens Hotel & Casino**  
**ROYAL PLAYERS CLUB**  
**Win / Loss Statement Request for 2017**

Please present this request to the Royal Players Club promotion booth. If this request is not presented in person, please mail the original request to: Four Queens Hotel & Casino Attn: Marketing Dept., 202 Fremont St., Las Vegas, NV, 89101. This statement is provided to Four Queens Hotel & Casino patrons for informational purposes only at their request. Any amounts included in this statement are estimations only. It is each taxpayer's individual responsibility to maintain his/her own records for tax return purposes.

|                   |                                    |
|-------------------|------------------------------------|
| Name:             | Royal Players Club Account Number: |
| Date of Birth:    |                                    |
| Mailing Address:  |                                    |
| City/State/Zip:   |                                    |
| Telephone Number: | Email Address:                     |

**Please complete the following:**

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Four Queens Inc., d/b/a Four Queens Hotel & Casino, its subsidiaries, affiliates and agents, to provide me a win/loss statement of my gaming activity derived from my Royal Players Club account. I agree to indemnify and hold harmless Four Queens Inc., and their respective past and present agents, employees, managers, representatives, officers, directors, shareholders, successors and affiliated persons, organizations and companies, from any and 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.

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

In witness whereof, I have executed this request at \_\_\_\_\_, \_\_\_\_\_ State  
City

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
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 Four Queens Use Only.**

|           |                      |                      |
|-----------|----------------------|----------------------|
| Notarized | Photo Identification | Other Identification |
|           |                      |                      |

Date: \_\_\_\_\_ Verifier Signature: \_\_\_\_\_

|            |                     |
|------------|---------------------|
| Coin – In  | Slot Win/Loss       |
| Coin – Out | Table Play Win/Loss |
| Jackpots   |                     |

Date: \_\_\_\_\_ Verifier Signature: \_\_\_\_\_