LEGENDS
CASINO • HOTEL

580 FORT ROAD • TOPPENISH,WA 98948 • 509.865.8800

LEGENDS REWARDS REQUEST FOR WIN / LOSS STATEMENT

Please Print Clearly

Patron Name: _____

Mailing Address: _____

City/State/Zip: _____

Date of Birth: _____ Legends Rewards #: _____

Email Address (if delivered by email): _____

Fax # (if delivered by fax): _____

Calendar Year(s) Requested: _____

Delivery Method: _____ Pickup _____ Mail _____ E-mail _____ Fax

I do hereby certify that the statements contained herein are true and correct and i hereby authorize the Yakama Nation Tribal Gaming Corporation d.b.a. Yakama Nation Legends Casino Hotel to provide to me a Win/Loss Statement of my gaming activity derived from my Legends Rewards account I agree to indemnify and hold harmless Legends Casino Hotel and it's respective and it's respective past and present agendas, employees, managers, representatives, successors, agents, employees, managers, successors and affiliated persons, organizations and companies, from my and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I or my administrators, executors, agents, assignees and/or any third party may have arising out of and/or relating to this request as a result of this request.

Signature: _____ Date: _____

Please submit all requests in person to the Legends Rewards Players Club, by mailing the form to the address above, or via fax to 509.498.9892

Confidentiality Statement: The information contained within this form, together with any attachments, are intended only for the personal and confidential use of the addressee(s) named above. If you are not the intended recipient of this message, or authorized to receive it for the intended recipient, you have received this message in error. You are not to review, use disseminate, distribute or copy this message or any attachments. If you have received this message in error, please immediately notify us and delete the original. Thank you, Legends Casino Hotel.