



GAMING HISTORY REQUEST FORM

Tax Year(s) Requested: _____

Patron Name: _____
FIRST NAME MIDDLE INITIAL LAST NAME

Date of Birth: _____ Social Security Number: _____
MM/DD/YY

Preferred Players Club Card Number: _____

Please read and sign below: Your request cannot be processed without your signature!

I request that the Aruba Marriott Resort and Stellaris Casino provide my historical gaming activity from the Stellaris Casino. In consideration for this information, I hereby release the Aruba Marriott Resort and Stellaris Casino, and all of their respective officers, directors, employees, and representative from any and all claims arising from or relating to the information and its release, and 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 place of my own records of my gaming activity. The Aruba Marriott Resort and Stellaris Casino makes no representation or warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses.

Patron Signature: _____ Date: _____

Mail your completed form to:

Attn. Casino Marketing Department
Aruba Marriott Resort and Stellaris Casino
L.G. Smith Boulevard 101
Palm Beach, Aruba
or

Fax your completed form to:

(011) 297 520 6228

or

E-mail address: Mhrs.auaar.marketing.casino@marriotthotels.com

In order to ensure that your request is processed in time for the current tax year, please submit your request by April 1 of the applicable year.

YOUR GAMING HISTORY STATEMENT WILL BE MAILED TO YOUR ADDRESS ON FILE

Please Verify That We Have Your Current Mailing Address before Submitting Your Request

Address changes can be made at the Casino VIP Desk or by visiting www.marriott.com to update your profile.

**** PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING OF YOUR REQUEST****

*****REQUESTS WILL START BEING PROCESSED ON FEBRUARY 1st *****