STATE OF)
) ss
COUNTY OF)

AFFIDAVIT OF UNDERSTANDING

I (Name), Administrator of (Name of Lodge and number), state as follows:

1. (Name of Lodge) will be having a New Year's Eve party on December 31, 20__

2. Per the Chief Compliance Office policy, I understand and agree to abide by the following rules for said party:

   A. All servers at the party must be TIPS trained
   B. There must be designated driver(s) available
   C. There will be no open bar / unlimited alcohol
   D. There will be no extension of Social Quarters hours beyond legal allowed hours.

_____ _____
President Administrator

_____ _____
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