

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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Print

Affix Corporate Seal Here