



**GAMES OF CHANCE
CHARITABLE ORGANIZATION MEMBER AFFIDAVIT**
Complete a separate form for each game date

Official Use Only
Rcpt #: _____
Lic. #: _____
Lic. Date: _____

GAME DATE INFORMATION

Game Date:	Organization's License #:
Name of Charitable Organization:	
Name of Game Operator Employer:	
Name of Primary Game Operator:	

CERTIFICATION

I hereby certify and attest, under penalty of unsworn falsification pursuant to RSA 641:3, that I am a member of the sponsoring charitable organization named above, and not an employee of the game operator employer who is operating the gaming event on behalf of the charitable organization.

I further certify that (check one):

- I was present at least once during the operation of the gaming event conducted on the date noted above.
- I was NOT present at any time during the operation of the gaming event conducted on the date noted above for the following reason:

Signature of Organization Member Printed Name of Organization Member Date Time

Witnessed By:

Signature of the Primary Game Operator Printed Name of the Primary Game Operator Date

3. INSTRUCTIONS

Include this completed affidavit with the applicable Monthly Financial Report, and submit to:

**New Hampshire Lottery Commission
14 Integra Drive, Concord, NH 03301**

Questions? Contact the New Hampshire Lottery Commission at 603-271-3391, ask for GOC licensing or e-mail the licensing unit at licensing@lottery.nh.gov