Affidavit of Eligibility

STATE OF:	
COUNTY OF:	
l	_,,
, witness and say th	
I am of legal age in my residentic	al area. My social security number is;
	of eligibility to and in connection with my;
I represent that I am eligible to win	;
	equirements set forth in the official rules. I ad understood the rules and will fulfill any
I also assure and affirm that I have read	d, have complied with, and will continue

I also assure and affirm that I have read, have complied with, and will continue to comply with all the rules, regulations, terms, and conditions set forth in Official Rules;

I have never perpetrated and will not perpetrate any fraud or deception in connection with this contest. I have never tried to influence the results of the contest but have only participated in the contest fulfilling all the requirements of the Official Rules;

I have been given full opportunity to read and review the rules regarding this contest. I fully understand all the terms of this affidavit being filled by me and I am going to submit it knowingly, voluntary, and freely without any influence.

Oath or Affirmation:		
		law that I know
and correct.		all the statements are true
		DATE
STATE OF	, COUNTY OF	, ss:
		RY PUBLIC
		E & RANK
٨	My Commission Expires:	

Final Checklist for Affidavit of Eligibility

<u>Make it Legal</u>
This Affidavit should be signed in front of a notary public by
once signed the document should be delivered to the appropriate business or individual responsible for this contest or sweepstake.
<u>Copies</u>
The original Affidavit should be filed with the Clerk of Court or delivered to the requesting business.
the affiant should maintain a copy of the affidavit at some safe place.