



World Corporate Cup Liverpool 2014



Soccer 11

In Association With



All fields are mandatory for each Athlete to enable Registration
Please use **BLOCK capitals** Photocopies are acceptable

ORGANISATION REPRESENTED (EXACT TITLE)

CONTACT NAME

EMAIL

TEL

MOB

For Official Use

LOG _____

FIN _____

CA _____

CHK _____

PRO _____

FILE _____

Competitors may enter **one** Sport and represent **one** organisation only. Entry is **not** restricted to employees.

Your Payment includes

- Sport Participation
- SuperCentre Celebration
- Parade of Teams
- Opening Celebration
- Souvenir Gift
- Official Programme
- World Corporate Cup Party incl. Complimentary Food
- Medals 1 2 & 3
- Awards
- Closing Celebration

DATES

Friday 23, Saturday 24, Sunday 25 May 2014

VENUE

Walton Soccer Centre &
Anfield Stadium

RULES

FIFA - modified for *World Corporate Cup*

REGULATIONS

Teams are scheduled a minimum of **4** matches of at least 25 minutes each.
Competition is pool play followed by elimination tournament.
Squad size Min **13** Max **15** including management.

Rolling substitution.

Grass playing surface.
Match balls supplied.

Specific Competition Details will be provided at Registration.

UNIFORM

Numbered matching shirts are required.
Shin pads are compulsory.

CLASS

Determined by age as of 31 December 2014.
The age of the youngest player determines the Competition Class.
Any Team may enter the Open Class.

EVENTS

Please the Event your Team wished to enter

6692	SOC	WOM	OPEN	<input type="checkbox"/>
6693	SOC	MEN	OPEN	<input type="checkbox"/>
6697	SOC	MEN	30+	<input type="checkbox"/>

TEAM NAME (Max 10 Letters)



LEVEL OF PLAY

Very Low

Low

Average

High

Very High

Event Number SOC

6	6	9	
---	---	---	--



Incomplete details for any applicant may prevent the entry of the whole team

Enter All details in **BLOCK CAPITALS**

CAPTAIN Surname First Name
DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street
DATE OF BIRTH
District/Suburb Town/City/Region
POST/ZIP CODE COUNTRY DAY PHONE Code Number
EMAIL

NAME 2 Surname First Name
DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street
DATE OF BIRTH
District/Suburb Town/City/Region
POST/ZIP CODE COUNTRY DAY PHONE Code Number
EMAIL

NAME 3 Surname First Name
DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street
DATE OF BIRTH
District/Suburb Town/City/Region
POST/ZIP CODE COUNTRY DAY PHONE Code Number
EMAIL

NAME 4 Surname First Name
DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street
DATE OF BIRTH
District/Suburb Town/City/Region
POST/ZIP CODE COUNTRY DAY PHONE Code Number
EMAIL

NAME 5 Surname First Name
DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street
DATE OF BIRTH
District/Suburb Town/City/Region
POST/ZIP CODE COUNTRY DAY PHONE Code Number
EMAIL



Enter All details in BLOCK CAPITALS

NAME 6

Surname										First Name										
DAY	MONTH	YEAR	SEX M/F	HOME ADDRESS																Number/Street
District/Suburb										Town/City/Region										
POST/ZIP CODE					COUNTRY					DAY PHONE					Code	Number				
EMAIL																				

NAME 7

Surname										First Name										
DAY	MONTH	YEAR	SEX M/F	HOME ADDRESS																Number/Street
District/Suburb										Town/City/Region										
POST/ZIP CODE					COUNTRY					DAY PHONE					Code	Number				
EMAIL																				

NAME 8

Surname										First Name										
DAY	MONTH	YEAR	SEX M/F	HOME ADDRESS																Number/Street
District/Suburb										Town/City/Region										
POST/ZIP CODE					COUNTRY					DAY PHONE					Code	Number				
EMAIL																				

NAME 9

Surname										First Name										
DAY	MONTH	YEAR	SEX M/F	HOME ADDRESS																Number/Street
District/Suburb										Town/City/Region										
POST/ZIP CODE					COUNTRY					DAY PHONE					Code	Number				
EMAIL																				

NAME 10

Surname										First Name										
DAY	MONTH	YEAR	SEX M/F	HOME ADDRESS																Number/Street
District/Suburb										Town/City/Region										
POST/ZIP CODE					COUNTRY					DAY PHONE					Code	Number				
EMAIL																				



Enter All details in BLOCK CAPITALS

NAME 11

Surname First Name

DATE OF BIRTH DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

District/Suburb Town/City/Region

POST/ZIP CODE COUNTRY DAY PHONE Code Number

EMAIL

NAME 12

Surname First Name

DATE OF BIRTH DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

District/Suburb Town/City/Region

POST/ZIP CODE COUNTRY DAY PHONE Code Number

EMAIL

NAME 13

MINIMUM Surname First Name

DATE OF BIRTH DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

District/Suburb Town/City/Region

POST/ZIP CODE COUNTRY DAY PHONE Code Number

EMAIL

NAME 14

Surname First Name

DATE OF BIRTH DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

District/Suburb Town/City/Region

POST/ZIP CODE COUNTRY DAY PHONE Code Number

EMAIL

NAME 15

Surname First Name

DATE OF BIRTH DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

District/Suburb Town/City/Region

POST/ZIP CODE COUNTRY DAY PHONE Code Number

EMAIL

DEADLINE

Final Deadline Wednesday 30 April 2014



ENTRY CONDITIONS

Entry is limited and on a first come first served basis due to the prestigious nature of this event. To guarantee play on Anfield, the full entry fee for the minimum squad number must be paid. The completed entry form can then be submitted on or before the 30 April 2014.

WITHDRAWAL

Before 30 April 50% refund. After 30 April no refund. Withdrawals must be in **writing**. An entrant may be 'replaced' in the **identical event** subject to written details & a **£10** Fee reaching Cup Office by 30 April 2014. A 'replacement' after this date may be accepted at Cup **discretion** subject to payment of an additional Cup Entry Fee.

CONFIRMATION

Entries will be confirmed after receipt of full payment which must be by Final Deadline.

AMENDMENTS

A minimum £10 fee may be levied when changes to events are requested.

REGISTRATION

Before competing all entrants **must Register in person** at the SuperCentre. Registration Hours are **Friday 23 May 1900 - 2100** Paisley Suite, Anfield Stadium.

UNDER AGE

Entrants under 18 years must provide parental or guardian consent below.

I hereby give my consent for to compete.

Name of Entrant

..... Parent Guardian

Print Name

Signature

FEES

Fees may be paid by entrant or be partly or fully subsidised by the Organisation.

Entries received after Final Deadline may be accepted at Cups discretion. **subject** to availability & payment of the Cup Fee plus a Late Fee of £25.

Games Entry Fee £129.99 + VAT per person

Entry fee includes all Celebrations & Parties Incl. complimentary food at **World Corporate Cup** Party.

Athletes	<input type="text"/>	x £129.99	<input type="text"/>	Net	+ VAT	<input type="text"/>	@ 20%	= £	<input type="text"/>	TOTAL
	Number									

PAYMENT

Fees (exclusive of bank charges) are made payable to **Corporate Game & Events UK Ltd.**

IBAN Number: GB96MIDL40361542453053 Branch Identifier Code (BIC): MIDLGB2108R

BANK DETAILS **HSBC Bank** Sort Code **40 36 15** Account No. **42453053**

VAT Reg. No. 996 6367 46

- Bank Transfer/Draft **Copy must be attached**
- Corporate Team Account
- Cheque
- Credit Card

CREDIT CARD DETAILS	<input type="checkbox"/> Debit Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number <input type="text"/>	Issue No. <input type="text"/>	Security Code <input type="text"/>	
Name	Start Date <input type="text"/>		
Address	Expiry Date <input type="text"/>		
Post Code <input type="text"/>	Date/...../.....		
Signature			
For Office use only	Authorisation Code		

WAIVER & CERTIFICATION

I/we for my/our heirs, executors, & assigns do hereby remise, release, & forever discharge the Cup, its agents, its licensor, affiliates, officers, firms, associates, officials, volunteers & all & sundry other persons, bodies corporate, participants, & all participating in or connected with the Cup of actions, causes of actions, claims or demands, which I/we have ever had, now have, or may hereafter have against the Cup for or by reason of officiating, volunteering, entering or competing in this competition or in any of the activities associated with it. I/we hereby grant to the Cup & its affiliates the right to use my/our name & picture, to preserve the entry & results data obtained & stored in a computerised data system, & to use such data to further the interest of the Cup. In the event of injury, accident, &/or illness during the competition I/we will accept the medical treatment that may be deemed necessary by the Cup medical service.

The Cup is not responsible for misdirected, lost or delayed mail or printing error. Schedules & Venues may be changed. Should the Cup or any Sport or Associated Event be cancelled as a result of circumstances beyond the control of the Organisers no refunds will be made. The Cup reserves the right to make any changes in conditions of entry & to decline any application at its discretion. English is the Official Language.

I/we agree to abide by all **Corporate Cup** rules & regulations **Return your completed Entry Form to the Cup Office**

Print Name
Signature Date /..... /.....