



Select your **Individual** Event Number(s) and insert it in the box(es) provided.

State (if known) your best **times** within the last year.



**Enter All details in BLOCK CAPITALS**

**NAME 1**

Surname First Name

[Grid for Name 1 Surname and First Name]

DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

[Grid for Name 1 Date of Birth and Home Address]

District/Suburb Town/City/Region

[Grid for Name 1 District/Suburb and Town/City/Region]

POST/ZIP CODE COUNTRY DAY PHONE Code Number

[Grid for Name 1 Post/Zip Code, Country, and Day Phone]

EMAIL

[Grid for Name 1 Email]

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

**NAME 2**

Surname First Name

[Grid for Name 2 Surname and First Name]

DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

[Grid for Name 2 Date of Birth and Home Address]

District/Suburb Town/City/Region

[Grid for Name 2 District/Suburb and Town/City/Region]

POST/ZIP CODE COUNTRY DAY PHONE Code Number

[Grid for Name 2 Post/Zip Code, Country, and Day Phone]

EMAIL

[Grid for Name 2 Email]

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

**NAME 3**

Surname First Name

[Grid for Name 3 Surname and First Name]

DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

[Grid for Name 3 Date of Birth and Home Address]

District/Suburb Town/City/Region

[Grid for Name 3 District/Suburb and Town/City/Region]

POST/ZIP CODE COUNTRY DAY PHONE Code Number

[Grid for Name 3 Post/Zip Code, Country, and Day Phone]

EMAIL

[Grid for Name 3 Email]

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

**NAME 4**

Surname First Name

[Grid for Name 4 Surname and First Name]

DAY MONTH YEAR SEX M/F HOME ADDRESS Number/Street

[Grid for Name 4 Date of Birth and Home Address]

District/Suburb Town/City/Region

[Grid for Name 4 District/Suburb and Town/City/Region]

POST/ZIP CODE COUNTRY DAY PHONE Code Number

[Grid for Name 4 Post/Zip Code, Country, and Day Phone]

EMAIL

[Grid for Name 4 Email]

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec

INDIVIDUAL Event No. [ ] [ ] [ ] [ ] Time Min Sec



## RELAYS

All Relay members **must** enter on the **same** form. Your name may **not** appear on another Entry Form.

Please  the Event Number(s) your Team wishes to enter and complete your Relay Team Name.

### Medley - Back Breast Fly & Free

A Medley Relay consists of 4 persons (2 women & 2 men) each completing 50m of one stroke.

7671	SWM	4 x 50m	MEDLEY REL	MIX	OPEN	
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MEDLEY TEAM NAME (Max 10 Letters)

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### Freestyle

7682	SWM	4 x 50m	FREE	REL	WOM	OPEN	
7683	SWM	4 x 50m	FREE	REL	MEN	OPEN	

FREE TEAM NAME (Max 10 Letters)

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### Descending Free

The Descending Free Relay consists of any 4 persons each completing one of 200, 150, 100 or 50m.

7690	SWM	DESCEND	FREE	REL	OPEN	
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DESCENDING TEAM NAME (Max 10 Letters)

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**DEADLINE** Final Deadline **Wednesday 20 June 2007**

**WITHDRAWALS** Before 20 June 50% refund. After 20 June no refund. Withdrawals must be in **writing**. An athlete may be 'replaced' in the **identical event** subject to written details and a €15 Fee reaching Games Office by 20 June 2007. A 'replacement' after this date may be accepted at Games **discretion** subject to the payment of an additional Games Entry Fee.

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

**AMENDMENTS** A minimum €15 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 **Thu** 1900 - 2200 **Fri** 1500 - 1800

**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 the discretion of the Games **subject** to availability and payment of the Games Fee plus a late processing charge of €35.

**Games Entry Fee** €100 Including VAT

Athletes  x €100  = €   
Number Total

**Bank Details**

Bank Name **Bilbao Bizkaia Kutxa**  
Iban Code **ES02 20950218809107482192**  
Swift/Bic Code **BASKES2B**  
VAT No. **B95414652**

**PAYMENT**

Fees (exclusive of bank charges) are made payable to **Corporate Games** by

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

Number **Amex**  **MasterCard**  **Diners**  **Visa**   
.....  
Name..... Expiry Date   
Address.....  
Signature..... Security Code   
**For Office use only** Authorisation Code .....

**WAIVER & CERTIFICATION**

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

I/we agree to abide by all **Corporate Games** rules and regulations

Print Name.....

Signature..... Date..... /..... /.....

**RETURN TO**

The Games is not responsible for misdirected, lost or delayed mail or printing error. Schedules and Venues may be changed. Should the Games 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 Games reserves the right to make any changes in conditions of entry and to decline any application at its discretion. English is the Official Language.



**World Corporate Games™**

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Member of the Worldwide Corporate Games Community



**Great Games Party**  
€25 before 20 June - €30 after