



JUNE 24, 2017

San Lazaro Leisure & Business Park
Carmona, Cavite

CONFIRMATION FORM

Please fax back to 845-1395 or 759-6690 or email to jenny.esmao@eccp.com. ATTENTION TO: JENNY ESMAO

Participation Fees : ECCP Members – Php 8,500 per Team | Non Members – Php 10,000 per Team

- Yes, we are joining the 10th ECCP Football Cup – **MIXED DIVISION**; with ____ team/s
 Yes, we are joining the 10th ECCP Football Cup – **MEN'S DIVISION**; with ____ team/s

Above fees include the following:

1. One (1) Team Banner (2x3ft. Landscape) – logo to be provided by team
2. One (1) Tent with table & chairs. Teams are allowed to bring their own tents for maximum brand exposure. Please advise us if you will do so.

Kindly complete the details below in BLOCK LETTERS:

Company Name: _____
Contact Person 1: _____ Designation: _____
Telephone & Mobile Nos. : _____ Email Address: _____
Contact Person 2: _____ Designation: _____
Telephone & Mobile Nos. : _____ Email Address: _____
Fax Nos.: _____
Company Address/Billing Address: _____

Terms and Conditions:

1. This serves as your confirmation to the 12th ECCP Football Cup 2017. Deadline to register is on **18 April 2017**. A **down payment of 50% is required to reserve your team's slot. Cancellation will be charged accordingly**. Written cancellation received:
 - **On or before 18 April 2017: will pay 50% cancellation fee**
 - **After 03 May 2017: will pay 100% cancellation fee**
2. Billing Invoice will be sent to your office upon receipt of this Confirmation Form.
3. Please make all checks payable to ECCP/ European Chamber of Commerce of the Philippines
4. Full payment should be settled on or before **15 May 2017 (Monday)**.

Conforme:

Authorized Company Representative
(Signature over Printed Name)

Date



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TEAM REGISTRATION FORM

Please fax back to 845-1395 or 759-6690 or email to jenny.esmao@eccp.com. ATTENTION TO: JENNY ESMO

TEAM NAME: _____

COMPANY : _____

ADDRESS/TEL #: _____

COACH'S/TEAM MANAGER'S NAME: _____

MOBILE #: _____ E-MAIL: _____

NAME	DESIGNATION in the company	GENDER	AGE	FUNCTION in the team	SHIRT NO.	MOBILE NOS.	EMAIL	ADDRESS

Signature over Printed Name of Coach/Team Manager

Date

I hereby confirm that above-listed players are currently employed at our company.

Signature over Printed Name of Authorized Representative

Designation



LETTER OF UNDERTAKING AND WAIVER OF CLAIMS

In consideration of the right and opportunity to participate in the 12th ECCP Football Cup 2017 conducted by the European Chamber of Commerce of the Philippines, the undersigned hereby acknowledges and agrees on behalf of the participants, to completely release, discharge and hold the European Chamber of Commerce of the Philippines and its owners, employees, directors, officers, agents, sponsors, partners and each other party affiliated with the European Chamber of Commerce of the Philippines (collectively, "Event Organizer") against and from any and all claims and demands of every kind and nature whatsoever, for damages or injuries arising out of or in any way related to the 12th ECCP Football Cup.

Likewise, the undersigned confirms acceptance and adherence to the rules and regulations of the 12th ECCP Football Cup and takes full responsibility in relaying and ensuring implementation of said rules to and of all the team members.

Coach's/Team Manager's Signature

Date

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