

FORM A
WINNER'S CONTACT INFORMATION AND
WINNER'S AGREEMENT TO TERMS AND CONDITIONS

(To be completed by Scholarship Winner)

This is an important legal document. Read it carefully before signing.

BY COMPLETING THIS FORM YOU ARE PROVIDING US YOUR CONSENT TO COLLECT, STORE AND USE THIS FORM, WHICH CONTAINS CERTAIN PERSONAL INFORMATION ABOUT YOU OR YOUR CHILD, IN THE UNITED STATES.

THIS FORM IS TO BE COMPLETED BY SCHOLARSHIP RECIPIENT AS PROMPTLY AS POSSIBLE AND RETURNED TO POKÉMON USA, INC. AS INDICATED BELOW.

1. My name is: _____
2. Winner's POP Id Number is: _____
3. My date of birth is: _____
4. My address (street, city, country, zip/country code) is: _____

5. My Area Code and Phone Number is: _____
6. My Email Address is: _____
7. Event at which scholarship won:
Date: _____
Location: _____
Name of Event: Winner's Placement (*Circle one*): _____
Original amount of Scholarship: _____
8. My Social Security/Tax Identification Number is: _____
9. By accepting the scholarship funds, and signing below, I hereby agree (and, if I am under the age of legal majority, my parent or legal guardian agrees on my behalf):
 - a. To be bound by the terms and conditions of the Pokémon Organized Play Scholarship Program as in effect from time to time and that Pokémon USA, Inc. in its sole discretion may determine whether or not I have qualified for the scholarship.
 - b. To allow Pokémon or its authorized representative to collect, store and use personal information concerning me in connection with the scholarship described above and to share such personal information with third parties who may help Pokémon administer the scholarship described above.
 - c. To complete such other documents that Pokémon shall reasonably require from time to time to administer the award.
 - d. That this document will be governed by and interpreted under the laws of the State of New York, USA, without regard to principles of conflicts of law. I agree that any legal action brought by me or Pokémon with regard to or arising out of any matters set forth in this document shall be brought

only in an appropriate state or federal court in New York County, New York. I consent to the jurisdiction and venue of such courts for these purposes.

- e. That the determination by Pokémon as to any interpretation of any aspect of the Scholarship or Scholarship Program, or whether a recipient of the Scholarship has complied with any provision of the Scholarship or Scholarship Program, shall be final and binding.

10. This Section to be completed if winner is under 21 years old or is considered a minor in its location of residence:

A. Parent's/Legal Guardian's Name: _____

B. Parent's /Legal Guardian's Address (street, city, country, zip/country code):

C. Parent's /Legal Guardian's Area Code and Phone Number: _____

D. Parent's /Legal Guardian's Email Address: _____

SIGNATURES

I have completely read and understand this form and Agreement. I have represented to Pokémon that I am either not a minor and have signed this form and Agreement, or that I am a minor and have signed this form and my parent/legal guardian has also signed this form and Agreement.

SIGNATURE OF SCHOLARSHIP RECIPIENT

Signature of Recipient

Date

SIGNATURE OF PARENT OR LEGAL GUARDIAN (*Parent/Guardian signature required below if Winner is under 21 or is considered a minor in his or her country of residence*).

Signature of Parent/Legal Guardian

Date

Please return this form by mail to Pokémon USA, Inc. 333 108th Avenue NE Suite 1900, Bellevue, WA, USA 98004, or fax to 425 274-1040.