

FORM C
Request to Transfer Scholarship

(To be completed when Scholarship Winner wishes to transfer Scholarship)

I hereby certify (and, if I am under the age of legal majority, my parent or legal guardian certifies on my behalf) that:

1. I am the recipient of the following scholarship:

Event at which scholarship won:

Name of Scholarship Winner: _____

Date: _____

Location: _____

Name of Event: _____

Winner's Place (1st, 2nd etc.): _____

Original amount of Scholarship: _____

2. My 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. I wish to transfer my scholarship to the following person:

Transferee's name: _____

Transferee's date of birth is: _____

Transferee's address (street, city, country, zip/country code):

Transferee's Area Code and Phone Number: _____

Dollar amount of scholarship being transferred (must be 100% of award):

\$ _____

SIGNATURES

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

I understand that this transfer is final and irrevocable, and once I sign and deliver this form to Pokémon, I will have no more rights to any part of my scholarship.

Scholarship Recipient

Signature of Recipient

Date

Parent/Legal Guardian

(Parent/Guardian signature required below if Winner or transferee 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. 777 108th Avenue NE Suite 2000, Bellevue, WA, USA 98004, or fax to 425 274-1040.