



3-on-3 Basketball Competition



Basketball Interest Group (BIG) is organizing a 3-on-3 competition for members who enjoy the fast-paced streetball game that allows all basketball lovers to put their skills to the test. Female players are also welcome to join. Basketball hotshots would not want to miss this opportunity to compete in this popular urban team sport.

Particulars

- Date:** **Saturday, 4 March 2017**
- Time:** **7:00 pm – 11:00 pm**
- Venue:** **Tai Wo Hau Sports Centre**
[39 Tai Ha Street, Tai Wo Hau, Kwai Chung, New Territories.]
- Eligible players:** HKICPA members & QP students/graduates
- No. of teams:** Min. 6 teams & max. 12 teams
- League fee:** **\$400 per team**

About the Tournament

- All teams must be either male or female teams. No mixed teams are allowed.
- Each team should comprise of 3 players, and 1 additional player as reserve.
- Teams will be divided into groups. Single round robin system will be adopted in the preliminary round, while single knock-out in the playoff round.
- Each game consists of 2 periods of 5 minutes each, and each game allows one stopped-clock timeout (1 minute) between the 2 periods.
- The game is played on a half court with one basketball.
- A coin toss shall determine which team gets the first possession.
- Every shot inside the arc will be awarded 1 point. Every shot outside the arc will be awarded 2 points.
- The first team to score 21 points or more wins the game if it happens within the 10 minute regular playing time.
- If the score is tied, an extra period of 5 minutes will be played. There will be an interval of 1 minute before the overtime starts. The first team to score 2 points in the overtime wins the game.
- Format and number of matches are subject to the number of registered teams.
- Detailed information of the competition rules and format will be circulated to successful registrants.

Awards

Medals will be awarded to each player of the champion, 1st and 2nd runner-up team of male and female division. Prize presentation will be held immediately after the Competition.

Registration

To register, please complete the enrolment form and return it with payment to the Institute on or before **12 February 2017.**

Enquiries

For event information
Ms. Peggy Kwan (Tel: 2287 7058)

For payment & enrolment status
Mr. David Lok (Tel: 2287 7379)



**Finance & Operations Department,
 Hong Kong Institute of CPAs**
 37th Floor, Wu Chung House,
 213 Queen's Road East, Hong Kong.

3-on-3 Basketball Competition

Enrolment form

4 March 2017

(Please reply on or before 12 February 2017)

Fax no: 2893 9853

| | |
|-------------|----------------|
| Seq. no.: | FOR OFFICE USE |
| Handled by: | |

Please read the **Notes on Enrolment** and **Team Requirements** prior to completing this form.

Team name: _____ **Team uniform colour:** _____

| | |
|--------------------------------------|-----------------------|
| Team Leader (Contact Person): | |
| Full name: _____ | Membership no.: _____ |
| Mobile no.: _____ | Email: _____ |

| No. | Player's full name (Name as it appears on your registered HKID/Passport) | Uniform no. | Membership no. / Student registration no. | HKID / Passport no. (only the letter and the first 4 digits are required, e.g. Z1234xxx) |
|-----|---|-------------|---|--|
| 1 | (Team Leader) | | | |
| 2 | | | | |
| 3 | | | | |
| 4. | (Reserve) | | | |

Payment Method *(Please tick the appropriate box)*

| | |
|--|---|
| Fee: <input type="checkbox"/> \$400/ team | |
| <input type="checkbox"/> Cheque (no. _____) payable to "Hong Kong Institute of Certified Public Accountants" or "HKICPA" | |
| <input type="checkbox"/> BOC HKICPA VISA | <input type="checkbox"/> BOC HKICPA UnionPay card |
| <input type="checkbox"/> VISA / MasterCard | |
| Card Number: _____ | Card Expiry Date (MM/YY) _____ |
| Cardholder's Name (block letters): _____ | Cardholder's Signature: _____ |
| Date: _____ | |
| If you require a receipt, please put a "✓" to indicate your choice of delivery: <input type="checkbox"/> by email <input type="checkbox"/> by post (to the address | |

(All team members must sign the declaration and read the notes on the following pages.)

| | |
|--|-----------|
| For payment by cheque, please fill-in your postal address for refund in case the event is full or cancelled. | |
| Name : | Name : |
| Address : | Address : |
| | |
| | |



Notes:

1. Priority for enrolment will first be offered on a first-come-first-served basis..
2. Full payment must be made before your enrolment will be processed. No telephone reservation will be accepted.
3. The event is subject to cancellation should the minimum number is not reached.
4. The closing date for enrolment is **12 February 2017**. However, the Institute has the discretion to accept late applications as it sees fit.
5. Registration by fax will ONLY be processed when payment is made by credit card, Cash is strictly NOT accepted.
6. Successful registrants will receive confirmation by email or by telephone, whereas unsuccessful registrants will receive full refund by mail. If you do not hear from us by 15 February, please contact Ms. Peggy Kwan at 2287 7058 / Ms. Karen Wong at 2287 7262.
7. Unless the activity is cancelled due to unforeseen circumstances, bad weather or low enrolment, no refund for withdrawal will be entertained after your enrolment has been processed.
8. Bad weather arrangement: The activity will be cancelled if typhoon signal no. 8 or above / Black rainstorm warning is hoisted 2 hours prior to the commencement of the activity. Your enrolment fee will be refunded in full in the event of cancellation due to bad weather, or subject to separate arrangement with the venue provider.
9. The Institute reserves the right to change the venue and date of the activity due to unforeseen circumstances.

Personal Data: Your personal data collected from the enrolment process and administration of courses/events/activities will be used for the purpose of the administration of the course/event/activity on which you are enrolled ("Event"). Such data collected may be accessible by the Institute's officers, persons or committees processing the application and related matters. In addition, the Institute may use the collected data for statistical research and analysis. By submitting this Enrolment Form, you understand and agree that the Institute may provide your personal data above to co-organisers/service providers in or outside Hong Kong for the purpose relating to the Event. The Institute intends to use the personal data of your name, email address and correspondence address to inform you, where relevant, of members' benefits, goods, services, facilities and events organized or provided by the Institute or other organizations. Members and registered students may opt out of receiving such materials at any time by logging in via the following link <http://mas.hkicpa.org.hk/mycpa/communication/preference>. Non-members may opt out of receiving such materials at any time by sending an email to the Institute at privacyofficer@hkicpa.org.hk or a letter to the Institute's privacy officer. For more information about the privacy policy of the Institute, please go to <http://www.hkicpa.org.hk/en/service-tools/privacy-policy/>.

Payment & Enrolment Status Enquiry: 2287 7381
e-mail: finance@hkicpa.org.hk

Event Information Enquiry: 2287 7058 / 2287 7262
e-mail: peggy@hkicpa.org.hk



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4 March 2017

Declaration

I declare that I do not suffer from any illness/disability that renders me unfit to participate in the above activity. I will immediately notify the convenor of the interest group/HKICPA if, for any reason, my health subsequently renders me or may render me unfit to participate in the above activity. I fully accept that the convenor of the interest group/HKICPA will then consider whether I should, in the interest of safety or the safety of the other participants, continue to be allowed to further participate in future sessions and that his/her/the decision of the HKICPA will be final.

Where trainers are in place, I agree to follow the trainer's instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions. I understand that I will be asked to leave a session immediately if deemed to be deliberately ignoring the instructions from the trainer.

Assumption of Risks and Disclaimer of Liability

As a participant in the above activity you accept that you may be exposing yourself to risk of harm due to the hazards inherent in the activity.

Team name : _____ Date : _____

| Name of team member (full name in block letter) | | Membership no./ Student registration no. | Signature |
|---|--|---|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |