

# SCHOOLS CHESS CHALLENGE AT WODEN 2019

## (PRIMARY SCHOOLS AND SECONDARY SCHOOLS DIVISIONS)

Organised by Canberra Academy of Chess

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<b>DATE:</b>	SUNDAY 31ST MARCH 2019	
<b>VENUE:</b>	CANBERRA ACADEMY OF CHESS CENTRE UNIT 4, 32 DUNDAS COURT, PHILLIP, ACT	
<b>DIVISIONS:</b>	PRIMARY AND SECONDARY DIVISIONS	
<b>TIME:</b>	9:15AM	REGISTRATION
	9:45AM	ROUND 1 BEGINS
	1:30PM	PRIZE-GIVING
<b>COST:</b>	\$30 PER CHILD	



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### FORMAT

This tournament is run as an individual event, however there are also school prizes awarded. The winning school is determined by adding the 4 highest scorers from each school. This means that your school can enter **any number of players**, and there is no need to rank them by ability, or assign teams.

This tournament is a 7-round 'Swiss' competition. This means that all players play 7 games and no-one is 'knocked out' of the tournament.

### TIME LIMIT

Chess clocks will be used in this event. There will be a short demonstration on the use of chess clocks before the start of the tournament.

The time limit is 15 minutes per player per game.

### PRIZES

- ★ First placed school in each division will receive **\$250** worth of equipment from Canberra Academy of Chess
- ★ Trophies given for 1st to 5th individuals and 1st to 3rd schools in each division.
- ★ All participants receive a certificate of participation.

Children must wear their school uniform on the day of the tournament.

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### TO ENTER

Fill in the entry form and pay by credit or debit card at: [www.canberraacademyofchess.com.au/payment](http://www.canberraacademyofchess.com.au/payment)  
Enter the code **BIGSHU8Q9L** then follow the prompts. If you are unable to pay online, please contact us for more options by emailing [info@canberraacademyofchess.com.au](mailto:info@canberraacademyofchess.com.au)

Please inform your school chess co-ordinator if you are entering this competition. For general enquiries about the tournament, please call us on 9745 1170. For information about this event and other chess activities, please visit our website: [www.canberraacademyofchess.com.au](http://www.canberraacademyofchess.com.au)



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Email: [info@canberraacademyofchess.com.au](mailto:info@canberraacademyofchess.com.au)

[www.canberraacademyofchess.com.au](http://www.canberraacademyofchess.com.au)

Address: Unit 4, 32 Dundas Court, Phillip ACT  
Postal Address: PO Box 1325, Burwood NSW 1805

# INDIVIDUAL ENTRY FORM



## SCHOOLS CHESS CHALLENGE 2019 AT WODEN

**Date:** Sunday 31st March, 2019

**Venue:** Canberra Academy of Chess Centre  
Unit 4, 32 Dundas Court, Phillip, ACT

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Dear Parent,

Your child has been invited to a schools chess competition at Woden on Sunday 31st March, 2019 from 9.45am-1.30pm (registration from 9:15am), run by Canberra Academy of Chess.

**Divisions:** Primary Schools and Secondary Schools

**Format:** This tournament is run as an individual event, however there are also school prizes awarded. The winning school is determined by adding the top 4 scorers from each school. Each school can enter any number of players and there is no need to rank them into teams.

The tournament is a 7-round Swiss competition, which means all players play all 7 rounds and no-one is knocked out of the tournament. The top school in each division will be awarded **\$250 worth of equipment** from Canberra Academy of Chess. There are also trophies for the top five individuals and top three schools in each division.

**To Enter:** Fill in the entry form and pay by credit or debit card at: [www.canberraacademyofchess.com.au/payment](http://www.canberraacademyofchess.com.au/payment)  
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## Schools Chess Challenge 2019 at Woden Individual Entry Form

(Please email the completed permission form to [enrol@canberraacademyofchess.com.au](mailto:enrol@canberraacademyofchess.com.au))

I give permission to enter my child, \_\_\_\_\_ to represent  
the school \_\_\_\_\_ and play in the  
Schools Chess Challenge to be held at Woden, Canberra Academy of Chess Centre, on Sunday 31st  
March, 2019.

Division (please circle one):    Primary Schools    Secondary Schools

Relevant Medical Conditions/Allergies: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Contact Mobile Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_