

INDIVIDUAL ENTRY FORM

Play
Chess!

SCHOOLS CHESS CHALLENGE 2017 AT WODEN

Date: Sunday 12th March, 2017

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

Dear Parent,

Your child has been invited to a schools chess competition at Woden on Sunday 12th March, 2017 from 10am-3pm (registration from 9:30am), 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
Enter the code **28SZC3EFMF** then follow the prompts. If you are unable to pay online, please contact us for more options by emailing info@canberraacademyofchess.com.au

Please inform your school chess co-ordinator if you are entering this competition. To ensure your place in the competition, please enter by **Friday 10th March, 2017**. 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

Schools Chess Challenge 2017 at Woden Individual Entry Form

(Please email the completed permission form to 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 12th
March, 2017.

Division (please circle one): Primary Schools Secondary Schools

Relevant Medical Conditions/Allergies: _____

Date of Birth: ___/___/____ Contact Mobile Number: _____

Signed: _____ Date: ___/___/____