

One Day Scholastic Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

USCF ID: _____ Exp: _____ Rating: _____

Email: _____

School: _____

Circle the round(s) if any in which you would like a bye:
(One ½ point byes allowed)

1 2 3 4 5

_____ Entry Fee (\$17 by 8/25, \$22 at site)

_____ USCF Membership: <20 yrs old \$25, <15 yrs old \$19. < 15 yrs old with no magazine \$13. Please give date of birth: / /

_____ TCA: Family \$16, Junior \$8.50, No Magazine \$6, Junior Tournament Membership \$2.

_____ Total

Make checks payable:

Dallas Chess Club
11836 Judd Ct, #304B
Dallas, TX 75243

One Day Scholastic Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

USCF ID: _____ Exp: _____ Rating: _____

Email: _____

School: _____

Circle the round(s) if any in which you would like a bye:
(One ½ point byes allowed)

1 2 3 4 5

_____ Entry Fee (\$17 by 8/25, \$22 at site)

_____ USCF Membership: <20 yrs old \$25, <15 yrs old \$19. < 15 yrs old with no magazine \$13. Please give date of birth: / /

_____ TCA: Family \$16, Junior \$8.50, No Magazine \$6, Junior Tournament Membership \$2.

_____ Total

Make checks payable:

Dallas Chess Club
11836 Judd Ct, #304B
Dallas, TX 75243