

Ken Smith Memorial Championship Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

USCF ID: _____ Exp: _____ Rating: _____

Email: _____

Check the appropriate Schedule: **2 day** **3 day**

Circle the round(s) in which you would like a bye: 1 2 3 4 5
(Two ½ point byes allowed, but not for both rd 4 and rd 5.)

_____ Entry Fee (3day \$81 2day \$80 by 4/15 else \$95)

_____ USCF Membership: Reg \$40, 1st time \$25, <20 \$25, <15 \$19

if joining or renewing please give date of birth: / /

_____ **Total** Make Checks payable to Dallas Chess Club, c/o Susan Breeding,
7909 La Guardia Drive, Plano TX 75025.

Paid: Cash Check num: _____ Credit Card code: _____

Received by: _____

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