



CHESS ASSOCIATION OF QUEENSLAND INC

Affiliated with the Australian Chess Federation Inc
Member of the Sports Federation of Queensland Inc

APPLICATION FOR ACCREDITATION AS A CHESS ARBITER LEVEL O

Family name: _____

Given names: _____

Postal address: _____

Postcode: _____

Phone (home): _____

Phone (work): _____

Fax: _____

Email: _____

Date of birth: _____

Name of school: _____

I certify that I have read and understand the Laws of Chess and will apply the Laws fairly at intraschool tournaments which I direct.

Signature

_____/_____/20_____
Date

**Forward with once-only fee of \$15 to
Chess Association of Queensland Inc
PO Box 5014
Mt Gravatt East Qld 4122**