



CHESS ASSOCIATION OF QUEENSLAND INC

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

TOURNAMENT ENTRY FORM

Name of tournament: _____

Surname: _____

Given names: _____

Address: _____

Postcode: _____

Phone: _____

email (if any): _____ @ _____

Date of birth: _____

Status (circle whichever applicable):

Senior Pensioner Fulltime student Junior Cadet

National rating (if known): _____

Junior rating (if known): _____

ACF ID No (if known): _____

Entry fee payable: \$ _____

Discount/s claimed (if any): _____

I request a bye in Round No: _____

Please enter me in the above tournament. I enclose the entry fee and agree to abide by the decisions of the Director of Play.

Signature: _____ Date: _____

*Mail completed form, with entry fee, to the address for entries
included in the tournament details of the tournament you are entering*