

Summer Chess Registration Form

Please Print Clearly

Name: _____

Street address: _____

City, State, Zip: _____

Home Phone: _____



E-mail: _____

Please list parents or guardians names and any relevant phone numbers (such as cell or work) we should use in case of an emergency.

**Person's
Authorized
For Pick-up**

This Fall, what school and grade will you be in?

School: _____

Grade: _____ Birthdate: _____

Classes Desired: Beginner Intermediate Advanced Bughouse
Or Thursday Club only

If you are a USCF member

ID number: _____ Exp: _____ Rating: _____ (approximate ok)



**Parent's
Signature:** _____

Date: _____