

2004 DFW Elementary Registration Form

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Name: _____

Name: _____

Address: _____

Address: _____

City: _____ St: _____ Zip: _____

City: _____ St: _____ Zip: _____

USCF ID: _____ Exp: _____ Rating: _____

USCF ID: _____ Exp: _____ Rating: _____

Email: _____ Grade: _____

Email: _____ Grade: _____

School: _____

School: _____

Check Section:

Check Section:

K-6 Champ. *K-6 U800* **K-6 not rated** *K-3 not rated.*

K-6 Champ. *K-6 U800* **K-6 not rated** *K-3 not rated.*

Circle the round(s) if any in which you would like a bye:
(One 1/2 point byes allowed)

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(One 1/2 point byes allowed)

1 2 3 4 5

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_____ Entry Fee (\$28 for rated sections, \$15 for not rated sections)

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

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_____ Total Pd: Cash, Check # _____ or Credit Card.
Make checks payable: **Dallas Chess Club**

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