

Southwest Collegiate Championship Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

College: _____ DOB: _____

College Location: _____

Phone: _____ Email: _____

USCF id: _____ **Rating:** _____

Ratings from Feb Supplement

USCF Expiration Date: _____

Circle rd bye is needed, one allowed: 1 2 3 4 5

_____ **Entry Fee: (\$40 by 3/2/07, else \$60)**

_____ USCF (if nonmember. This is required! U24 = \$25,
Special \$39.)

_____ Blitz tournament, Friday 3/16 @ 8:35 pm (\$10).
 Open Blitz

_____ TCA (Student \$8.50, Tourney Mem. = \$1)

_____ **Total.** Make check out to/Mail to: Texas Chess Association,
7909 La Guardia Dr, Plano, TX 75025

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