----- allClubs Chess -----

First Annual Fall Open Chess Tournament

Saturday, November 23, 2013

10:00 AM to 4:00 PM, on-site registration starts at 9:30 AM

@ Farmington Main Library, Community Room

Our Tournament Director will be IM Jan van de Mortel
Five (5) Rounds Swiss System Pairings
G/25 d5 (digital clocks); G/30 (analog clocks); Please bring a chess clock, if you have one
Players without clocks will get a timer for the last 10 minutes of the round

Trophies will be awarded to the top 3 individuals and top 3 teams of 2 or more (by section, if participation allows for sections by grade and/or rating—ex.: K-6 U1000; K-8 U1400; K-12 Open). Teams will typically be recognized by club, school, or other like affiliation. All players will receive a personalized Participation Certificate via mail following the event.

You may request a ½ point bye, if you plan to miss one or more of the first four rounds. Rounds will start at 10:00 AM and then as soon as prior round is completed and next pairings set.

Registration fee $28, if postmarked by November 8, 2013,
$35 if postmarked after November 8 and received by November 19, 2013, or
$45 on-site (on-site payments must be exact change and cash only)
Add $5 for pizza lunch (two slices and drink) or bring your own lunch. Food vending is not permitted on-site.

This is a U.S. Chess Federation RATED scholastic event. All players will need a USCF ID. Our TD can register you with USCF: (a) 3 month Youth (under age 25) memberships for $10, or (b) 3 month Scholastic (under age 13) memberships for $8. The TD may also register you for any of the longer regular memberships offered by USCF (see menu at https://secure2.uschess.org/webstore/member.php).

Any questions about the event can be directed to Alexander Lumelsky, alexander.lumelsky@gmail.com.

Registration Form

PLEASE TYPE OR PRINT CLEARLY. THIS INFORMATION IS IN PART FOR YOUR PARTICIPATION CERTIFICATE.

ITEMS IN ITALICS ARE ALSO REQUIRED FOR USCF REGISTRATION.

Name: _____ USCF ID: _____ USCF Rating: _____

Age: _____ Grade: _____ *Date of Birth*: ____/____/____ Club/Program: _____

_____ School: _____ Town of School: _____

Parent Name: _____ Phone #: (____) ____-____

Address: _____

Parent's preferred e-mail: _____@_____

I am requesting a ½ point bye for Round: 1 2 3 4 ::::: **I am reserving lunch: Y / N**

If registering with USCF, membership type being requested: _____
(i.e., 3 month Youth or 1 year Regular)

Please make checks to "Alexander Lumelsky" and send with registration form to Attn: allClubs Fall Open Registration, A. Lumelsky, 270 Farmington Avenue, Suite 365, Farmington, CT 06032. If you are also requesting USCF registration, please add the appropriate amount to your registration check.