

Print This Form and Fax to 559-636-8045
Must be Received by 7:00 PM the Night before the Tournament

Select One Section Listed Below

USCF 9th-12th **USCF 7th-8th**

Non-Rated K-3rd **Non-Rated 4th-6th** **Non-Rated 7th-12th**

NAME _____ **PAID \$** _____

ADDRESS _____ **CITY / ZIP** _____

DATE OF BIRTH (include birth year) _____ **AGE** _____

BOY or GIRL _____ **PHONE** _____ **EMAIL** _____

SCHOOL _____ **SCHOOL GRADE** _____

USCF ID# _____ **EXP DATE** _____ **USCF or CFK RATING** _____

LAST TOURNAMENT PLAYED _____ **BYE (1/2 pt) Round: 1 2 3 4 5**

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