

Colonial Trail Chess Team Registration Form

Student Name: _____ Grade: _____ Teacher: _____

Student's shirt Size: Circle One S M

Parents Name (s) _____ Home # _____

Email: _____ Cell # _____

Has your child ever been a member of a chess club before? Circle one: Yes No

Has your child played in a chess tournament before? Circle one: Yes No

My child has permission to participate in the Colonial Trail Chess Team. I understand that there is a \$20 fee for my child to participate in the team and I will make payment for his/her membership at the first meeting on Oct 1st, 2009. I understand that I am responsible for providing my child transportation to and from each meeting and that I will need to sign him/her in and out before and after each meeting.

Parent Signature: _____

Please Bring This Form To the First Meeting, Thursday October 1st, 2009

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