

# Registration Form

## **2018 BERLIN VERMONT FALL SCHOLASTIC CHESS TOURNAMENT**

Please provide the following information for each player and mail with payment to:

Vermont Scholastic Chess, 633 Junction Road, Berlin, VT 05602

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Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

School \_\_\_\_\_ Chess Club \_\_\_\_\_