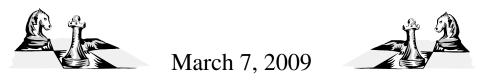
# Wisconsin Grade Level Championships



**Location:** Marion Center for Non-Profits: 3195 S. Superior Street Milwaukee 53207

## Friday March 6th

5:00 – 7:00 On Site / Late Registration for all events. No registration after 7:00 pm.

### Saturday March 7<sup>th</sup> Main Event - 5 Round Swiss K - 8, 4 Round Swiss 9 - 12.

#### Format/Awards 13 Divisions:

Kindergarten Grades 1 - 6
 Grades 7 - 8
 One team trophy each grade.
 Two team trophies. Four team trophies. Four team trophies. Three individual trophies, medals to all.
 Two team trophies. Four team trophies. Four team trophies. Three individual trophies, medals to all.

**Grades 9 – 12.** Combined divisions.  $1^{st}$  place trophy for each grade, medals to all. No team trophies. \$200 scholarship to champion of combined section, \$100 to  $2^{nd}$ , \$100 to  $3^{rd}$ 

Rnd Times: K-8 1: 8:45 G30 2: 10:00 G30 3: 11:15 G30 4: 12:30 G45 5 - 2:15 G45

**Rnd Times: 9–12 1: 8:45** G45 **2: 10:30** G45 **3: 12:15** G45 **4: 2:00** G60

**Registration Procedures.** Registration is not complete until payment is made on line via pay pal or mail registration to WSCF P.O. Box. 170843 Milwaukee, WI 53217 \$15 by Feb 15, \$20 by Feb 28, \$25 by March 5<sup>th</sup>. Registration closes at 11:00 pm on each date. On site registration will take place only from 5:00 pm to 7:00 pm on Friday March 6<sup>th</sup>. \$30 entry fee. No refunds. Round 1 pairings will be posted at 9:00 pm on Friday March 6<sup>th</sup>. Players may go straight to their boards at 8:30 for opening announcements.

Play will begin at 8:45. No on site registrations on Saturday. No post marked entries after March 3<sup>rd</sup>. Registrations postmarked after March 3<sup>rd</sup> will need to register on Friday March 6<sup>th</sup> and pay on site registration fee. No shows for round 1 will have a clock started when the round begins and opponent will receive a forfeit when time expires.

Questions: Email <u>td@wisconsinscholasticchess.org</u>. Volunteer at volunteer@wisconsinscholasticchess.org.

**Lunch:** Available on site. Bring: Clocks and pencils. Chess notation books available. Coaches and parents please teach some notation before tournament. Primary grades will be expected to take notation for at least first 10 moves of each game. Grades 4 and above will be expected to take notation for each match.

**Team Rooms:** Contact Marian Center directly at 414-483-2430.

**Inclement Weather**: In case of winter storm go to the WSCF website after 6:30 am to see if the event as been delayed, postponed or cancelled. In case of cancellation all fees will be returned.

#### **Mail in Registration Form**

Student Name	e	2008-2009 Grade	
Parent/Guard	ian Name		
Email			
Address:			
Complete Sch	nool Name		
WSCF Rating	g USCF Ratin	gBirth Date	
Phone(s)			
Main Event	Grade Level Entry  PARENT	\$15/\$20/25/\$30  Total Due:  FAL CONSENT AND RELEASE	
represent that I provisions. I furthereby give per or otherwise repromotional main connection whereby agree to agents from any child's part this event, I herehild, and I given and appropriate	I have been given the authority by lly understand that it is my or my important that it is my or my important for the Wisconsin Scholas acord my child during this event an aterials and on WSCF's website. I with such use. I further consent to to release, discharge, indemnify and d against any and all claims, dama dicipation in this event. Should it be treby give the supervisory personne e permission to the physician select	the parent or legal guardian of the parent or legal guardian of the parent or legal guardian of this child to agree to the follower representative's responsibility to supervise my child during the chess Federation (WSCF) and its assignees to photograph to use such images for future publicity, including in print acknowledge that I will not receive any compensation or has the publication of my child's individual tournament results and hold harmless WSCF, its officers, directors, employees, voluges, loss, liability, injury, charges or expenses in any way are necessary for my child to have medical treatment while parent permission to use their judgment in obtaining medical served by such personnel to render medical treatment deemed	this event. I ph, videotape ed eve any claims scores. I lunteers, and rising out of rticipating in vices for my
Name:		Relationship to Child:	

Makes Checks Payable to: WSCF and mail to P.O. Box 170843 Milwaukee, WI 53217-9998