

Wisconsin Scholastic Chess Federation's

Second Tri-State Regional Chess Tournament



Milwaukee Public Museum



Saturday Sept 27, 2008

Location: Milwaukee Public Museum, 800 Wells Street Milwaukee, WI 53233

Format: *Five Sections*

WSCF	K – 3	5 Round Swiss	G20, G25, G30, G30, G30
WSCF	under 600	5 Round Swiss	G30
WSCF	Open	5 Round Swiss	G30
USCF	under 800	4 Round Swiss	G45
USCF	Open	4 Round Swiss	(3) G45, G60 (This division begins at 9:00 am)

Pairings: Players will be paired according to USCF rule 28d1. Please notify TD if you have a rating other than a USCF or Wisconsin rating. The higher rating will be used to determine pairing order per WinTD selections.

Awards:	WSCF	K - 3	Three Team Trophies. Individual trophies to top 5 players.
	WSCF	K – 12 under 600	Three Team Trophies. Individual trophies to top 5 players.
	WSCF	K – 12 Open	Three Team Trophies. Individual trophies to top 5 players.
	USCF	K – 12 under 800	Three Team Trophies. Individual trophies to top 5 players.
	USCF	K – 12 Open	Three Team Trophies. Individual trophies to top 5 players. Medals to all non trophy winners.

Entry Fees: WSCF Divisions: \$10 before Sept 1, \$15 by Sept 13, \$20 by Sept 25, \$25 on site.
USCF Divisions: \$15 before Sept 1, \$20 by Sept 13, \$25 by Sept 25, \$30 on site.
(post marks by Sept 20 for \$20 & \$25 price)

Entry: Register on line at www.wisconsinscholasticchess.org OR download attached registration form
And mail to: WSCF, P.O. Box 170843, Milwaukee WI 53217

On Site Entry: Check in not required for prepaid registrations. No refunds for no-shows, except for unusual circumstances. On site entries between 8:30 and 9:00 am only. Late registrations to play in Rnd 2, report to chess control. No bye requests after 9:00. ½ point byes only. No byes for last round. All USCF rules apply. Round 1 begins at 9:30. 9:00 am for USCF Open (reg. by 8:45)

Lunch: Purchase on-site. **Museum Tickets:** \$5.00 for all participants. Purchased from the museum. Museum open till 9:00 pm on September 26th and 27th.

Supervision: At least one designated adult supervisor must be present at all times during the tournament to oversee your school's team, or individual participants who are in K through 8th grade.

Note: WSCF reserves the rights to change the number of trophies, medals depending upon entries. Divisions maybe combined if the number of participants warrant. Flier information may be changed with out notice up to three days before tournament. Refunds will be honored in he cases of decreased trophies awarded.

Discounts: Available for Milwaukee Public Schools and charter and parochial schools within MPS boundaries with teams of 4 or more. Contact td@wisconsinscholasticchess.org or discounts or questions or call 262-573-5624

Participating Hotels

Hyatt Regency, 333 West Kilbourn, Milwaukee, WI 53203

9/26 and 9/27. **\$119** Chess Rate Ask for Milwaukee Public Museum Chess Rate
Call 800 – 233- 1234 or 414 – 276- 1234 by August 26th. Number of rooms are limited.

Holiday Inn Express, 545 West Layton Avenue, Milwaukee, WI 53207

9/26 and 9/27 **\$89** Chess Rate. Ask for Milwaukee Public Museum Chess Rate
Call 414-482- 4444 by August 26. Number of Rooms are Limited.

Entry Form: Mail to WSCF P.O. Box 170843 Milwaukee, WI 53217

Name _____ BD ____/____/____

Home Address _____

City _____ State ____ Zip _____ Grade ____

Complete School Name _____

School City _____ State _____ Zip _____

Check Division: WSCF K - 3 _____ WSCF under 600 _____ WSCF Open _____

USCF under 600 _____ USCF Open _____

USCF Id # _____ Expiration Date _____ USCF Rating _____ WSCF Rating _____

Payment Enclosed: Please Circle

WSCF Divisions: \$10 before Sept 1, \$15 by Sept 13, \$20 by Sept 25, \$25 on site.

USCF Divisions: \$15 before Sept 1, \$20 by Sept 13, \$25 by Sept 25, \$30 on site.

PARENTAL CONSENT AND RELEASE

I request that my child be permitted to participate in this event. If I am not the parent or legal guardian of this child, I represent that I have been given the authority by the parent or legal guardian of this child to agree to the following provisions. I fully understand that it is my or my representative's responsibility to supervise my child during this event. I hereby give permission for the Wisconsin Scholastic Chess Federation (WSCF) and its assignees to photograph, videotape or otherwise record my child during this event and to use such images for future publicity, including in printed promotional materials and on WSCF's website. I acknowledge that I will not receive any compensation or have any claims in connection with such use. I further consent to the publication of my child's individual tournament results/scores. I hereby agree to release, discharge, indemnify and hold harmless WSCF, Mother Kathryn Daniels Conference Center, and each of their respective officers, directors, employees, volunteers, and agents from and against any and all claims, damages, loss, liability, injury, charges or expenses in any way arising out of my child's participation in this event. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate.

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____