

Wisconsin Scholastic Chess Federation

Presents

2nd Annual



State Championships



April 18 – 19, 2009

Location: Kalahari Resort Wisconsin Dells, WI Exit 92
1305 Kalahari Drive Wisconsin Dells, WI 53965

Format: Four Divisions

K – 3, K – 6, WSCFU900/USCFU1000 (K-12), WSCF Open (K-12)

First 3 divisions, 5 round Swiss G30 Wisconsin Rated (1 day)

WSCF Open, 5 Round Swiss Wisconsin Rated G75, G75, G75, G100, G100 (2 day)

Round Times K–3, K–6, and: U700/U800 9:30, 10:45, 12:00, 1:15, 2:30 Awards 4:00 pm Sat.
WSCF Open, 9:30, 12:30, 3:30, 7:00; Round 5 9:00 am Sunday. Awards: 12:45 Sunday

Awards: **K–3:** Five Team Trophies. Individual trophies to top 5 players; and medals to all.
K–6: Five Team Trophies. Individual trophies to top 5 players; and medals to all.
U900/U1000 One Team Trophy. Individual trophies to top 5 players; and medals to all.
WSCF OPEN One Team Trophy, Five individual Trophies and medals to all.

SCHOLARSHIPS* K – 3	Champion \$100
K – 6	Champion \$200
U900/U1000	Champion \$300, 2nd place \$100
WSCF Open	Champion \$500, 2nd place \$200, 3rd place \$100

Entry \$15 by March 20th; \$20 by March 31st, \$25 by April 14 by mail and April 16 online, \$40 on site before 8:15 am on 4/18 and 8:00 to 9:00 pm on 4/17.

Registration on line at www.wisconsinscholasticchess.org. Deadlines occur at 11:00 pm on line or by postmark. No check-in required with advance entry. Onsite registration on 4/18; 7:30 to 8:15 No refunds. Withdrawal notices appreciated.

Kalahari Reservations: Chess rate \$149 (11% tax) per night, 2 queens, 1 sofa bed for two. Chess rate deadline by March 17th. Call 608 – 254- 5466 before March 18th and ask for the WSCF Chess Rate. Discount water passes available for day attendees.

Questions: Contact WSCF at 262-573-5624 or td@wisconsinscholasticchess.org Register by mail by downloading entry form at www.wisconsinscholasticchess.org and Mail to WSCF, P.O. Box 170843 Mil 53217

WSCF's Scholarship Policy. All scholarships are held in trust until the awardees enters a post-secondary institution. At that time WSCF will send the scholarship amount to the students chosen institution in the name of that student. In 2008 \$500 was paid out to UW-Green Bay in the name of Chris Brown.

Mail in Registration Form – State Championships

Student Name _____ 2008-2009 Grade _____

Parent/Guardian Name _____

Email _____

Address: _____

Complete School Name _____

WSCF Rating _____ USCF Rating _____ Birth Date _____

Phone(s) _____

Division Registration (circle one) **K-3, K-6, U700/U800, WSCF OPEN**

Date Deadlines (circle one) **March 20, March 31, April 14, onsite on 4/17 or 4/18.**

Total Due: _____

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, its 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: _____

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