

A Wisconsin Scholastic Chess Federation Event

5th Annual WSCF



State Class Championships



March 31, 2011

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

Format: *U300, U500, U800, Open*, 5 round Swiss G30, Open 4 round G45

Round Times: U300, U500, U800* 9:30, 11:00, 12:15, 1:30, 2:45 Awards 4:30 pm
Open 9:00, 10:45 12:30, 2:15;

*Use the higher of the **Wisconsin Ratings** as of March 26 or the **USCF Ratings** in March Supplement. Find your Wisconsin rating on WSCF's front page by clicking on "player rating look up"

Awards: All Divisions: 5 individual trophies and 3 team trophies and medals to all. Trophy to most improved player from 2011 WSCF tournaments to after this tournament. Trophy to the biggest upset match winner.

SCHOLARSHIPS: \$200 to the champion of each Division

Entry: March 18 -\$15; March 25- \$20; - March 30- \$25 Onsite - \$ 40. \$10 each for teams with at least 6 students registered and by mail postmarked by March 23 and \$15 for each post marked by March 27.

Register on line at www.wisconsinscholasticchess.org . Deadlines occur at 11:00 pm on website or by postmark for above dates. **No refunds.** Withdrawal notices appreciated. **Bye Requests:** ½ point bye requests in advance to email td@wisconsinscholasticchess.org . All divisions – except last round

Kalahari Reservations: Chess rate **\$169 + (11.5% tax)** per night, 2 queens, 1 sofa bed for two. Fee based on 2-4 registered guests. Chess rate deadline by March 9th **608-254-5466**. Chess rate may be available after that date but not guaranteed. Discount water and theme park passes available for day attendees. (\$15) (4water park passes come with each room)

Questions: Call **262-573-5624** or email bob@wisconsinscholasticchess.org Register by mail by printing form below or download entry form at www.wisconsinscholasticchess.org and mail to: WSCF, P.O. Box 170843 WI 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.

Mail in Registration Forms – WSCF Class Championships

Student Name _____ WSCF or USCF rating _____

Entering _____ Division _____

Parent/Guardian Name _____

Email _____

Address: _____

Complete School Name _____

Phone(s) _____

Division Registration (circle one)

½ point bye request in advance (circle one) Round 1, Round 2, Round 3, Round 4, round 5, Except last round.

Checks payable to: **WSCF** Discount Vouchers applicable with mail in registrations only.

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: _____

WSCF reserves the right to change divisions and awards based on number of advance registrations. WSCF is a 501(c) 3 non-profit dedicated to promoting Chess as an educational tool for students throughout Wisconsin.

----- WSCF P.O. Box 6685 2803 N. Teutonia Avenue, Milwaukee, WI 53206 , 262.573.5624 -----

Wisconsin Class Championships Team Registration

School _____

Address _____

City _____ Zip _____

School Phone _____ Coach/Advisor Phone _____

Coach/Advisor Name _____

Student Name	Wisconsin or USCF Rating	Division
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____

Total Due \$ 10 or \$15 per student _____

Make checks payable to WSCF and mail to: WSCF , P.O. Box 6685 Milwaukee, WI 53206

WSCF reserves the right to change divisions and awards based on number of advance registrations. WSCF is a 501(c) 3 non-profit dedicated to promoting Chess as an educational tool for students throughout Wisconsin.

----- WSCF P.O. Box 6685 2803 N. Teutonia Avenue, Milwaukee, WI 53206 , 262.573.5624 -----