Wisconsin Scholastic Chess Federation

Presents

3rd Annual



State Championships



April 24 – 25, 2010

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

Format: Five Divisions

K-3U800, K-5U900, K-8U1000, K-12U1500, K-12Open* First 4 divisions, 5 round Swiss G30 Wisconsin Rated (1 day) K-12 Open, 5 Round Swiss Wisconsin Rated G75, G75, G75, G100, G100 (2 day)

Round Times K-3, K-5, K - 8, K - 12, 9:30, 11:00, 12:15, 1:30, 2:45 Awards 4:00 pm Sat. K - 12 Open 9:30, 12:30, 3:30, 7:00; Rnd 5 9:00 am Sunday. Awards: 12:15 Sunday

Use the higher of the **Wisconsin Ratings** as of Feb 1st or the **USCF Ratings** as of January Supplement. Find your Wisconsin rating next to your name on the results page of the last tournament in which you played before Feb 1st. If your rating is a WSCF probationary rating (less than 20 games) then play in the division that puts you in the proper age group.

Awards:

K-3U800: Five Team Trophies. Individual trophies to top 5 players; and medals to all.
K-5U900: Five Team Trophies. Individual trophies to top 5 players; and medals to all.
K-8U1000: Three Team Trophies Individual trophies to top 3 players; and medals to all.
K-12U1500: Individual trophies to top 3 players; and medals to all.

K – 12 OPEN: Individual trophies to top 3 players. (Updated Tuesday 4-21-2010)

SCHOLARSHIPS**

K – 3 U800 Champion \$100 K – 5 U900 Champion \$ 100 K – 8 U1000 Champion \$100 K – 12 U1500 Champion \$200, 2nd Place \$100 K – 12 Open Champion \$200, 2nd Place \$100

Entry

\$15 by April 1; \$20 April 15th, \$25 by April 22 on line, \$25 by mail postmarked on or before April 20, \$40 on site April 23rd from 7:00 pm to 9:00 pm in room no. to be posted or call 262-573-5624 after 6:00 pm on April 23rd. 1st rnd pairings will be posted in skittles room on April 24th by 9:00 am. Registration on line at www.wisconsinscholasticchess.org. Deadlines occur at 11:00 pm on line or by postmark. No refunds. Withdrawal notices appreciated. On line registrations bye requests by email to td@wisconsinscholasticchess.org Kalahari Reservations: Chess rate \$149 (11% tax) per night, 2 queens, 1 sofa bed for two. Chess rate deadline by March 24th. Call 608 – 254- 5466 before March 24th and ask for the WSCF Chess Rate. Discount water passes available for day attendees.

Questions: Call 262-573-5624 or email <u>bob@wisconsinscholasticchess.org</u> Register by mail by downloading entry form at <u>www.wisconsinscholasticchess.org</u> 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. In 2008 \$500 was paid out to UW-Green Bay in the name of Chris Brown, Jr.

Mail in Registration Form – State Championships

additional designated donations. Flyer will be updated if donations are given.

Student Name	2009-2010 Grade
Parent/Guardian Name	
Email	
Address:	
Complete School Name	
WSCF Rating USCF Rating	Birth Date
Phone(s)	
Division Registration (circle one) K-3U800, K-5U900, K-8U1000, K12U1500, WSCF OPEN	
½ point bye (circle one) Round 1, Round 2, Round 3, Round 4,	No byes round 5
Deadline dates (circle one) April 1 st \$15; April 15 th \$20;	April 20 th \$25
Checks payable to: WSCF Discount Vouchers applicable by	mail only. Total Due:
PARENTAL CONSENT AND RELEASE	
I request that my child be permitted to participate in this event. If I am not I have been given the authority by the parent or legal guardian of this child that it is my or my representative's responsibility to supervise my child duri Scholastic Chess Federation (WSCF) and its assignees to photograph, video to use such images for future publicity, including in printed promotional manot receive any compensation or have any claims in connection with such us individual tournament results/scores. I hereby agree to release, discharge, in employees, volunteers, and agents from and against any and all claims, dam way arising out of my child's participation in this event. Should it be necessary participating in this event, I hereby give the supervisory personnel permission to the physician selected by such personnel appropriate.	to agree to the following provisions. I fully understanding this event. I hereby give permission for the Wisconsin tape or otherwise record my child during this event and aterials and on WSCF's website. I acknowledge that I will se. I further consent to the publication of my child's indemnify and hold harmless WSCF, its officers, directors, tages, loss, liability, injury, charges or expenses in any ary for my child to have medical treatment while on to use their judgment in obtaining medical services for
Name: Relationship to Ch	nild:
Signature:	
*Will use higher of USCF or Wisconsin rating to determine eligibility to proper division. ** Scholarship amounts may increase with	