



Chess4SuccessLA & SPA Chess Club

present

Halloween Chess Tournament

at St. Paul the Apostle School

1536 Selby Ave, Los Angeles, CA 90024

Sunday, October 28, 2018 From 1:00 PM to 5:00 PM

Tournament Director: **Ivona Jezierska** 310.740.0063 or ijchess64@gmail.com

Put on a costume and come play chess! Best costumes receive prizes!

All Levels Welcome! We expect a full house!

Advance registration required. Participants must sign up by Friday, October 26.

Absolutely NO same day registration

Individual trophies awarded to two winners of each group.



Others will receive a **medal**.

Team trophy awarded for the Highest Scoring School.

Novice K-6 (groups based on grade, NOT Rated) JV-under 500 rated, Championship K-8 rated

Register by PayPal at: www.Chess4SuccessLA.com on tournament page;

or Venmo@Ivona-Jezierska; then email info from tear-off below

Or Mail **\$40** with the lower portion of this flyer.

Tear-off must be accompanied by registration fee, no exception.

Please Note - No Same Day Registration!

This is a great opportunity to try out your skills with other students who enjoy chess!

..... **TEAR-OFF & RETURN WITH CHECK**

Event: Halloween Chess Tournament at St. Paul the Apostle School

Date of Event: Sunday, October 28, 2018

Time: 1:00 PM to 5:00 PM

REGISTRATION CHECKS ARE PAYABLE TO: IVONA JEZIERSKA

Mail check with this portion of the flyer to: Ivona Jezierska, 1213 Preston Way, Venice, CA 90291

CHILD'S FULL NAME: BIRTHDATE.....

ADDRESS/CITY/ZIP.....

GRADE: SCHOOL.....

CIRCLE SECTION: CHAMPIONSHIP JV NOVICE

I request that my child, (named above), be permitted to participate in the above chess event. I fully understand that I, or my representative, will take responsibility for supervising my child during this event. I agree to instruct my child to cooperate and conform with the directions and instructions of the tournament director, organizer or any supervision in charge of the tournament hall, school and school grounds. Should it be necessary for my child to have a 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 by such physician(s). I, as parent or representative of this child, hereby release, discharge and hold harmless St.Paul the Apostle School and all employees, the Tournament Director, volunteers, and board of directors from any claims arising out of or relating to any injury that may result to my child while participating in this event.

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Signature of Parent/Guardian Date Cell Phone

E-mail Address.....

