

# 2017 WESTERN INVITATIONAL CHESS CAMP

## REGISTRATION FORM

\_\_\_\_\_  
Camp Participant's Name, USCF rating

\_\_\_\_\_  
Home Address + Zip

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
T-Shirt Size

\_\_\_\_\_  
Adults/parents attending  
Awards Dinner? Add \$25  
per person (student  
already included)

\_\_\_\_\_  
Total Amount enclosed/paid online

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Insurance Company + Telephone No.

\_\_\_\_\_  
Policy No.

Please state any medications taken by the camp participant and whether the camp participant has a medical condition, including any disease, allergies, etc.

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