

REGISTRATION FORM

EUROPEAN SCHOOL CHESS CUP

Montenegro, Budva

03 October - 12 October, 2018



www.cipa-booking.com

FEDERATION / SCHOOL:

contact person: _____ phone: _____ e-mail: _____

	Name, surname Please write the surname in block Latin letters	Sex M/F	Age 7/9/11 13/15/17	Date of birth year-month-day	Passport number	FIDE ID	Title	ELO	Hotel 1-2-3 persons in room	Arrival date time, place flight, train, car	Departure date time, place flight, train, car
Open (boy and girls)											
1.											
2.											
3.											
4.											
5.											
Girls											
1.											
2.											
3.											
4.											
5.											
Coaches											
1.											
2.											
3.											
4.											
Accompanying persons											
1.											
2.											
3.											
4.											

Please send registration form to e-mail: cipa@t-com.me