

# 3rd Annual Greater California Scholastic Chess Championship

## August 12-13, 2017

### 5 SECTIONS

60 TROPHIES GUARANTEED

\$2,000 GIFT CARD PRIZE FUND!

K-12 Open	Top 3 win gift cards (First Place \$300)
K-12 Under 1500	Top 4 win gift cards (First Place \$150)
JV K-8 Under 1200	Top 4 win gift cards (First Place \$150)
JV K-6 Under 900	Top 4 win gift cards (First Place \$100)
JV K-3 Under 600	Top 4 win gift cards (First Place \$100)

Maple Park Community Center  
800 E. Maple Street, Glendale, CA 91205

Food and drinks available for sale



### K-12 Sections:

6 rounds G/60

### Round Times:

Saturday: 10am, 12:30pm, 3pm

Sunday:

10am, 12:30pm, 3pm

Trophy Ceremony at 5:15pm



### JV Sections:

5 double rounds G/30

(total of 10 games will be played. A double round means players will play 2 games—one as white and the other as black against the same opponent)

### Round Times:

Saturday: 10am, 12:30pm, 3pm

Sunday: 10am and 12:30pm

Trophy Ceremony at 2:40pm

**Entry Fee:** \$60. (\$75 after August 9th).

Byes: one 1/2 point bye allowed. Must request before the start of the tournament. 1 –point for double round.

**Pay Pal payments to:** [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com)

**Mail Entries:** ACA 411 N. Jackson Street, apt. 101, Glendale, CA 91206 Checks made payable to American Chess Academy

**Contact:** [www.achessacademy.org](http://www.achessacademy.org) **Email:** [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com) **Phone:** (818) 640-5974

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ USCF ID \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Rating: \_\_\_\_\_ Byes: 1 2 3 4 5 Team/Club Name: \_\_\_\_\_

Section: (please circle) K-12 Open K-12 U1500 JV K-8 U1200 JV K-6 U900 JV K-3 U600

I, as the parent or guardian of the above named child, hereby give permission for my child to participate in the programs and activities offered by the American Chess Academy. I and my child agree to accept and comply with all rules and regulations of the American Chess Academy.

I hereby authorize any agent of the American Chess Academy to act as agent for the understand to consent to any emergency medical treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act, should an emergency arise and I cannot be located in a timely manner. I understand that the American Chess Academy assumes no financial responsibility for any such medical care.

I, on behalf of myself and my child, hereby waive any claim I might have against, and release, and agree to indemnify, save, and hold harmless, the American Chess Academy program, even if my child turns 18.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_