

Chess Club Registration Form

Date Purchased: _____ / _____ / _____
 yyyy / mm / dd

Club Name: _____

Player Name _____
 First Name Middle Name Last Name

Date of Birth: : _____ / _____ / _____ Male / Female (Please circle)
 yyyy / mm / dd

Complete Mailing Address _____

City _____ Prov. _____ Postal Code _____ - _____

E-mail Address _____ Phone number (____) _____

Grade level (Jr.) _____

- | | | |
|----------------------------|----------|--------------|
| • CFC/ACA/Club Membership | \$ _____ | Notes: _____ |
| • Club/ACA Membership only | \$ _____ | _____ |
| • CFC/ACA Membership only | \$ _____ | _____ |
| • Tournament Entry fee | \$ _____ | _____ |
| • ACA Membership only | \$ _____ | _____ |
| • Other _____ | \$ _____ | _____ |
| • Total Collected | \$ _____ | _____ |

(ACA fee is \$5 for adults and \$3 for juniors 20 and under. Non CFC club members pay \$2 if adults and \$1 if juniors. ACA fees are included in club and CFC memberships).

Paid by: Cash/Cheque/Other _____ Parent/Guardian (under 18) _____

Personal information provided upon registration will be collected and protected under the Alberta Protection of Information and Privacy Act. Collection is used to maintain records for enrolment in the Alberta Chess Association and corresponding with registrants. Personal information may be used or disclosed for other operational purposes that are consistent with the requirements of federal or provincial legislation. The participant's name and photographs may appear in official newsletters and websites associated with the Association, including but not limited to: the Alberta Chess Report and albertachess.org.

For further information, please contact the Executive Director of the ACA at albertachess@gmail.com

Signature of participant (guardian for under 18): _____

Fees Collected by: _____