

CHESS CLASS FORM

Which location(s) are you registering for: _____

NAME OF STUDENT: _____

GRADE: _____ DATE OF BIRTH: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

HOME PHONE: _____

CELL PHONE: _____

ADDRESS: _____

PARENT E-MAIL: _____

SCHOOL: _____

COMMENTS: _____