

Medicine Hat and Area JUNIOR Chess Tournament Entry Form- May 3rd, 2025

Name: _____ Grade: _____

School: _____

Home Phone #: _____ E-mail #: _____

Address: _____ (street address)

_____ (town/city)

_____ (postal code)

Enter in: Senior High School Division: _____
check only (grades 10 - 12)
one

Elementary Boys' School Division: _____
(grades 1 - 6)

Junior High School Division: _____
(grades 7 - 9)

Elementary Girls' School Division: _____
(grades 1 - 6)

This form can be:

(a) **delivered** Crescent Heights High School (CHHS)
or c/o Mrs. Jayna Strickland
mailed to: 1201 – Division Avenue, N
Medicine Hat, AB T1A 4Y7

or (b) **faxed to:** Mrs. Jayna Strickland @ 403-526-2018

or (c) **e-mailed to:** jayna.strickland@sd76.ab.ca

NOTE: The registration is completed only when the \$25.00 fee (cash or cheque payable to the **Medicine Hat Chess Club**) has been received by Mrs. Strickland. If there are more than 40 entrants, only the first **40 paid** registrants will be accepted. Other registrants will be put on a waiting list, in case a paid registrant drops out or doesn't show up on May 3rd. Because registration fees cannot be paid via fax or e-mail, early registrants who do not pay with their registration will be contacted so that they have the opportunity to pay before the tournament is filled. We thank you for your cooperation and look forward to your participation!

Jayna Strickland (Registration Director)



Bill Taylor (Tournament Co-director)

WPT/erj
April, 2025