A Wisconsin Scholastic Chess Federation Event

7th Annual WSCF



State Class Championships



April 12, 2014

Location: Kalahari Resort Wisconsin Dells, WI Exit 92 1305 Kalahari Drive Wisconsin Dells, WI 53965

Format: *U300, U600, Open*, 5 round Swiss G30

Round Times: U300, U600*, Open 9:30, 11:00, 12:15, 1:30, 2:45 Awards 4:00 pm or before.

*Use the higher of the Wisconsin Ratings as April 1 or the USCF Ratings in March Supplement. Find your Wisconsin rating by looking at the results page from your last tournament.

Awards:

All Divisions: 5 individual trophies and 3 team trophies and medals to all. Most Improved Player: Trophy to most improved player from September and October tournaments. WSCF ratings will be used. Winner must have competed in at least 5 WSCF tournaments, participated in first tournament in August through November 2013. Applications will be available at the tournament. Be prepared to list tournaments and rating after the first tournament and 4 subsequent tournaments and final rating as of April 1st. Trophy to the largest upset in the tournament.

SCHOLARSHIPS: \$200 to the champion of each Division. To be eligible for a scholarship the winner must have competed in at least 5 WSCF tournaments this year.

Entry: \$15 on line or post marked by March 27, \$20 by April 3, \$25 by April 10, Onsite - \$40.

Register on line at www.wisconsinscholasticchess.org . Deadlines occur at 11:00 pm on website or by postmark for above dates. No refunds. Withdrawal notices appreciated. Bye Requests: ½ point by erequests in advance to email to td@wisconsinscholasticchess.org. All divisions – except last round

Kalahari Reservations: Chess rate \$149 + (11.5% tax) for Friday April 11, \$169 + (11.5% tax) for Saturday April 12, 2 queens, 1 sofa bed for two. Fee based on 2-4 registered guests. Chess rate deadline by March 12th 608-254-**5466**. Chess rate may be available after that date but not guaranteed. Discount water and theme park passes available for day attendees. (\$15) (4water park passes come with each room)

Questions: Call 262-573-5624 or email bob@wisconsinscholasticchess.org Register by mail by printing form below or download entry form at www.wisconsinscholasticchess.org and mail to: WSCF 2819 W. Highland Blvd Milwaukee, WI 53208

WSCF's Scholarship Policy. All scholarships are held in trust until the awardees enters a post-secondary institution. At that time WSCF will send the scholarship amount to the students chosen institution in the name of that student.

Mail in Registration Forms – WSCF Class Championships

Student Name		WSCF or USCF rating
Entering	_Division	
Parent/Guardian Name		
Email		
Address:		
Complete School Name _		
<i>Phone(s)</i>		
Division Registration ((circle one)	
½ point bye request in advar	nce (circle one) Round 1, Rou	nd 2, Round 3, Round 4.
Checks payable to: WS	CF Discount Vouchers	applicable with mail in registrations only.
PARENTAL CONSENT AN	ID RELEASE	
I represent that I have been provisions. I fully understate event. I hereby give permiphotograph, videotape or concluding in printed promicompensation or have any individual tournament result officers, directors, employed injury, charges or expense for my child to have medicipermission to use their jud	n given the authority by the pand that it is my or my repre- nission for the Wisconsin Sotherwise record my child di notional materials and on Wy claims in connection with ults/scores. I hereby agree to ees, volunteers, and agents is in any way arising out of recal treatment while participal	is event. If I am not the parent or legal guardian of this chil parent or legal guardian of this child to agree to the following sentative's responsibility to supervise my child during the Scholastic Chess Federation (WSCF) and its assignees uring this event and to use such images for future publicity VSCF's website. I acknowledge that I will not receive as such use. I further consent to the publication of my child or release, discharge, indemnify and hold harmless WSCF, if from and against any and all claims, damages, loss, liability child's participation in this event. Should it be necessating in this event, I hereby give the supervisory personn services for my child, and I give permission to the physiciant deemed necessary and appropriate.
3.7		Relationship to Child:
Name:		

----- WSCF 2819 W. Highland Blvd, Milwaukee, WI 53208, 262.573.5624 ------