CLUB REGISTRATION FORM

NAME OF CHESS CLUB:

CLUB MANAGEMENT					
POSITION	**NAME & SURNAME**	**CELLPHONE**	**ADDRESS**	**FAX**	**E-MAIL**
CHAIRMAN				N/A	
VICE CHAIRMAN				N/A	
SECRETARY				N/A	
TREASURER				N/A	
ADD				N/A	
ADD				N/A	
ADD				N/A	

COACHING						
POSITION	**NAME & SURNAME**	**CELLPHONE**	**TEL**	**FAX**	**E-MAIL**	**COACHING LEVEL**
COACH 1						
COACH 2						
COACH 3						

PRAYER PROFILE									
CATEGORIES	**NUMBER OF REGISTERED PLAYERS**	**W/M**	**W/F**	**C/M**	**C/F**	**A/M**	**A/F**	**I/M**	**I/F**
JUNIOR									
SENIOR									
WOMEN									
HIGH SCHOOL									
PRIMARY SCHOOL									

CLUB INFORMATION	
ADDRESS	
HOME GROUND ADDRESS	
TIME OF GATHERINGS	
EMAIL	

DISTRICT: GERT SIBANDE DISTRICT

LOCAL MUNICIPALITY: