



CHESS ASSOCIATION OF MALAPPURAM

(Affiliated to Chess Association - Kerala)

Mundassery Building –Near Ayurveda College – Kottakkal – 676501

PLAYER'S REGISTRATION /APPLICATION FORM

(For the period 1st January 2017 to 31st Dec 2017, RS. 50-/- per player)

Name of Applicant (BLOCK LETTER)	Male/Female
Name of Father	
Member of Which District Association	
Age as on 01 st Jan, & Date of Birth	
Permanent Address	
Phone	
Mobile	
Email	

1. I.....S/O/D/O.....
residing at(furnish full address)
declare that the particulars given above are true to the best of my knowledge and belief.
2. I also declare that I shall abide by the rules and regulation and decisions of the Chess Association of Malappuram/Chess Association Kerala/All India Chess Federation, as the case may be and co-operate with the officials in participation in the chess tournaments / championships.
3. I also declare that, I will not participate in any tournaments /championships , not Authorized / recognize by the CAM. Or its parent body CAK and I opt forDistrict Association /Employer for playing in Chess tournaments during the period 1st January 2017 to 31st January 2017
4. I shall also be responsible to return or produce the CAM Registration card as and when required at the venue of tournaments or to the CAM office.

Place:

Name and signature of Player/Parent

Date:

(After paying the registration fee, insist on receiving the signed receipt below)

TEMPORARY RECEIPT

The CAM Registration fee of the

Sri/Smt.....for the period 01st Jan 2017 to 31st Dec 2017

.....

Place:

Date:

Name of the Organizer
(Name in Block Letters)

(Rubber Stamp of the Organizer)

www.chessassociationofmalappuram.com