



Chess Association Kerala
ACADEMY REGISTRATION FORM – 20.....
(To be filled in Block Letters)

1. Name of the Academy: _____
2. Name of the Promoter: _____
3. Address for communication: _____

4. Telephone with STD Code: _____ Cell No: _____
6. Email: _____
7. Name of the District: _____
8. No of Members in the Academy :-----

Declaration

1. I, _____ age ____ declare that the particulars given above are true to the best of my knowledge and belief.
2. I/We declare that I/We shall abide by the rules and regulations and the latest amendments and decisions of the Chess Association / Federation as the case may be and cooperate with the officials in participating in State and National Tournaments / Championships.
3. I/We declare that I will not participate in any un-authorized tournament / championship
4. I/We opt for _____ District Chess Association for participating in all chess activities.

Date & Place:

Signature

Recommendation of the District association with seal

Secretary

Date:

Terms & Conditions

- (1) The Executive Committee of Chess Association Kerala right to accept or reject the request without assign any reason.
- (2) The Affiliated Academy shall not have any voting rights.
- (3) The Affiliated Academy is entitled to send one player per Championship (Either Open or Girl) as a Normal Entry
- (4) The Annual subscription shall be Rupees 3000/- Valid from January 1st to 31st December