



CARL ALBERT K-12 OPEN

Saturday, September 25, 2010

Carl Albert High School, 2009 S. Post Road, Midwest City, OK 73130

Sections & Awards: (Players may only "play up" 100 points to a higher rated section)

Section	Description	Time	Rounds	Awards	Medals
1	K-4 th grade, rating Under 500 (U500)	G/45 (45 min. per player)	5	Top 3 Individuals	3.0 + points
2	K-6 th , U700	G/45	5	Top 3 Individuals	3.0 + points
3	6 th – 12 th , U700	G/45	5	Top 3 Individuals	3.0 + points
4	K – 12 th , U900	G/45	5	Top 3 Individuals	3.0 + points
5	K – 12 th , U1100	G/45	5	Top 2 Individuals	3.0 + points
6	K – 12 th , Premier, 1100+	G/60	4	Top 2 Individuals	2.5 + points

Teams: Top four finishers from the same school in the same section combine for team score in Sections 1, 2, 3, and 4. A team consists of at least two players from the same school in the same section.

Team Awards: 1st Place trophies for Sections 1, 2, 3, 4. No team awards for Sections 5 & 6.

Schedule: Registration from 8:00-8:45 a.m. **All players** must check-in by 9:00 a.m. to play in Round 1. Round 1 begins 9:00 a.m. for Sections 5 & 6. Round 1 begins at 9:30 a.m. for Sections 1, 2, 3 and 4.

Entry Fee: \$15.00 if mailed and post marked by Monday, Sept. 20th. Late registration is \$15 (cash preferred) at the door. Pre-registration is required to play in the Round 1. Door registrations will receive a ½ point bye in Round 1.

Mail to: Carl Albert High School Chess, 2009 S. Post Road, Midwest City, OK 73130.

Make checks payable to: either MWCCA or Carl Albert High School

Rated Event: All sections will be rated using the Chess Express Rating Service. Premier section will also be USCF rated and include all players with USCF or Chess Express rating of 1100 or higher. **Rating will be looked up by the Tournament Director.**

Organizer: Robert Epperly can be reached at (405) 388-8416 or cachess@cox.net

Carl Albert K-12 Scholastic Open – Entry Form

Full Name: _____

Section Will Be Assigned by TD based on grade and rating & changes may be requested at check-in.

School: _____ School City _____

Grade: _____ 1st Round Request for ½ point bye (Yes or No) _____

Email (Optional) _____
RELEASE FORM (required for all tournament entrants): Emergency Phone # () _____ - _____

All children and their property are solely the responsibility of the parent/guardian at all times at this tournament. In consideration of this tournament entry on this day, of which I acknowledge, I release for the tournament entrant, myself and all my successors and assigns, the Tournament Organizer and Tournament Site Owner (Mid-Del Schools) and all the officers, agents, successors and assigns of the above second parties, from all claims for personal injury or property damage related to this tournament.

Signed and agreed to this _____ day of _____, 2009.

(Parent or Legal Guardian's Signature)

(Printed name of Parent or Legal Guardian)