Chess Club Registration Form

Student Name: _____
(First) (Middle) (Last)

Grade _____ **Teacher** _____

Chess Experience: _____
(i.e.: none, know how the pieces move, play a lot, etc..)

My child should be in:
Beginners group (2:35 to 3:15) _____ **Advanced group** (2:35 to 3:45) _____
(Note: If you are unsure which group to choose, instructor will suggest a level after assessment. Most K-2 students should be in the Beginners Group.)

Parent/Caregiver Name: _____
(Relationship)
Parent Email Address:_____

Parent Primary Phone #: _____

Parent Cell Phone # (if different from above): _____

After club meetings, my child will be: _____in afterschool program; _____ car-rider; ____ a walker.

All children will receive a t-shirt.

- **Please circle students t-Shirt size:**

Youth Small Youth Med Youth Large Adult Small Adult Med Adult Large

Please return this page in an envelope with your check made payable to the: Glen Arden Chess Club. You can turn it in directly to the office or to your child's teacher in their folder.

Please mark on the envelope: Glen Arden Chess Club.

For Chess Club Use:

Amount paid _____ Date_____

Check # _____ or Cash $_____

Other notes: