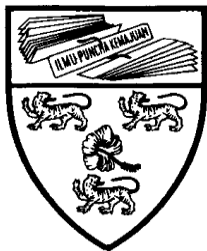


GACC INTERNATIONAL

INTER-VARSITY CHESS CHAMPIONSHIP



TUANKU BAHYAH RESIDENTIAL COLLEGE
 UNIVERSITY OF MALAYA
 50603 KUALA LUMPUR
 MALAYSIA
 Tel: 03-7957 1706
 Fax: 03-7957 1608
 E-mail: delegationgacc20@gmail.com



Registration Form

UNIVERSITY/ COLLEGE: _____

ADDRESS : _____

CONTACT PERSON : _____ DESIGNATION : _____

TELEPHONE : _____ FAX : _____

EMAIL : _____

Individual Player

No.	Name <i>(Underline Surname)</i>	Sex	FIDE ID*	FIDE RTG*	Passport Number & Expiry Date/ IC (Malaysian only)

Team A

No.	Name <i>(Underline Surname)</i>	Sex	FIDE ID*	FIDE RTG*	Passport Number & Expiry Date/ IC (Malaysian only)

Team B

No.	Name (<i>Underline Surname</i>)	Sex	FIDE ID*	FIDE RTG*	Passport Number & Expiry Date/ IC (Malaysian only)

Accompanying Personnel (Team Manager/ Coach etc.)

No.	Name (<i>Underline Surname</i>)	Sex	Passport Number & Expiry Date/ IC (Malaysian only)

**compulsory to fill in*

Transportation Details

<i>Mode of transportation</i> : By Air : Refer Section A : Others : Refer Section B
--

Section A (By Air):

	Date	Time (Local Time - Malaysia)	Carrier & Flight No
Arrival			
Departure			

Section B (By other modes of transportation):

Mode of transport : _____

Date of arrival : _____ Time: _____

Location of arrival in Malaysia: _____

If there are any doubts concerning Malaysia, please do not hesitate to consult us.

Miscellaneous

1. Special food preference: _____ (Vegetarian, Muslim, abstinence, etc)
2. The opening and closing ceremony will be a formal affair. Participants are expected to dress appropriately.

Amount of Payment

Categories	Fees Per Individual (RM)	No of Players	Total (RM)
Individual Participation	390		
Team participation	370		
Accompanying Personnel	250		
		GRAND TOTAL	

Please do not attach your payment along the registration form. You are only required to make your payment upon arrival.

Declaration

We hereby confirm our participation in GACC XX International Inter-Varsity Chess Championship and agree to abide with all the rules and regulations set by the organizing committee. We will complete all the required payment upon arrival. We understand that the organizing committee reserves the right to accept or to reject the application as deemed fit.

Signature of Team Manager

Seal of University/Institute

Date

-----OR-----

_____ will not participate in GACC XX International Inter-
(Name of University/Institute) Varsity Chess Championship 2015/16.

****Kindly return this registration form to the organizing committee by: 20th December 2015.***