



Umada Cup

Port-of-Spain, Republic of Trinidad & Tobago
August 14th to 18th, 2010

Registration Form

(please TICK one category)

OPEN

CHALLENGERS (FIDE Rating <2100)

Family Name :	Given Name:		
Country :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / / (dd / mm / yyyy)	
FIDE ID:	FIDE Rating :	Title :	
Address :		Telephone :	
E-mail :		Fax :	
Room Required :	Single	Twin	Triple
If sharing, please indicate with whom:			
Arrival Date :		Departure Date :	

Name of Responding Official
If any :
<u>Please return this entry form by 6th August 2010 by :</u>
E-mail to: umadacuptt@hotmail.com