

# 2017 Dewain Barber Scholastic

(With \$1,500 in College Scholarship Awards!)

Open: 1<sup>st</sup>- \$600 2<sup>nd</sup>- \$350 3<sup>rd</sup>- \$200,

U1300: 1<sup>st</sup>- \$250 2<sup>nd</sup>- \$100

**May 21, 2017 @Atrium Hotel**

**18700 Macarthur Blvd, Irvine, CA 92612 Phone: (949) 833-2770**

	<b>USCF Rated</b>	<b>Non-Rated</b> (Grades may be combined if necessary)
<b>Sections:</b>	Open, Under 1300, Under 900, Under 500/UNR	Round Robin by Grade
<b>Trophies:</b>	1 <sup>st</sup> -4 <sup>th</sup> Place in Each Section	1 <sup>st</sup> – 3 <sup>rd</sup> place in each grade.
<b>Entry Fee:</b>	\$30 before May 14, 2017 \$40 on May 14 or after.	\$15 before May 14 \$20 on May 14 or after.
<b>Round Times:</b>	<b>Open (G/60; d5):</b> 9am, 11am, 1:30pm, and 3:30pm <b>Under 1300 (G/45; d5)</b> 9am, 10:30, 12:30pm, 2pm, and 3:30 <b>Under 900 &amp; Under 500/UNR (G/30; d5)</b> 9am, 10:15am, 11:30pm, 1:30pm, and 2:45pm	9am start. Lunch is from 11:30am-12:30. Play resumes at 12:30pm and continues until completion.
<b>Reg:</b>	1. Online at <a href="http://www.hanleychessacademy.com">www.hanleychessacademy.com</a> , click on Dewain Barber Scholastic under Big Events Calendar. 2. By using this flyer and mail to: Hanley Chess Academy, 2091 Business Center Dr. Suite 120, Irvine, CA. 92612 3. Onsite: 7:30-8:30am.	
<b>Info:</b>	Joe Hanley, 714-925-3195 or email at: <a href="mailto:hanleychessacademy@gmail.com">hanleychessacademy@gmail.com</a>	

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By my registration here online, I am acknowledging I am the parent/guardian of the child I am registering for. I am permitting him/her to participate in the 2017 Dewain Barber Scholastic Chess Tournament at the Atrium Hotel in Irvine, CA. on May 21, 2017. I understand I am completely responsible for my child for the entirety of time of the tournament. I understand if my child does not behave of the expected norm inside of a hotel, there will be a behavior fee of \$50 that I must pay before my child is allowed to continue participating. I also agree to hold harmless Joe Hanley, Yvonne Hanley, Hanley Chess Academy or any other person volunteering or working in some capacity for this tournament. I also give permission to any staff member to render medical treatment should it become necessary. I agree to allow transportation to any hospital should this become necessary.

Student Name: \_\_\_\_\_ Rating: \_\_\_\_\_ USCF#: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone#: \_\_\_\_\_

### Amount Included:

(Please make checks payable to: Hanley Chess Academy)

USCF Rated (\$30) \_\_\_\_\_ May 14th or after (\$40) \_\_\_\_\_

Non-Rated (\$15) \_\_\_\_\_ Grade? \_\_\_\_ May 14 or /after (\$20) \_\_\_\_\_

USCF Membership For Rated Section (\$24) \_\_\_\_\_

**Total (\$)** \_\_\_\_\_

### Notes:

1. Please be onsite by 8:45am.
2. Please bring your own scorebook, clock, and pencil.
3. By checking this box, I understand the expected behavior "Zero Tolerance Policy" and its \$50 penalty fee.

Parent Initials: \_\_\_\_\_