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## CHESS PLAYER INFORMATION

(For informational purposes only. Print this page, fill it out, and send it to the center by mail, E-mail, or FAX **240-912-7456**)

Player's Name:	D.O.B.:	
Home Address:		
Street	City	State ZIP
Home Phone:	Work Phone:	
<b>Cell Phone 1:</b>	Cell Phone 2:	
E-mail (personal):		
Other E-mails:		
USCF Member: Yes/No US	SCF ID/exp.:	
company E-mail servers will not a	stribute chess center information to low our mass E-mail to be delivered to be respect your privacy and DO NO	ed so home and persona
Scholastic Registrants:		
School:		Grade:

When communicating with us, please include student's name and the school or chess program enrolled in.