



CHESS ASSOCIATION – KERALA

Aaryattuparambil Building, Behind Andhra Bank,
Kanjikuzhy, Kottayam-686004

PLAYERS'S REGISTRATION/APPLICATION FORM

(For the period 1st January 20__ to 31st December 20__ ,Rs. 100/- per player)

1. Name of Applicant(BLOCK Letters)	
2. Gender	Male Female
3. Name of Father	
4. Member of which District Association	
5. Age as on 01 st January & Date of Birth	
6. Proof of Date of Birth	
7. Permanent Address	
8. Mobile	
9. Whatsapp Number	
10. E-Mail	

1. I, S/o / D/o
.....residing at
.....(furnish full address)
declare that the particulars given above are true to the best of my knowledge and belief.
2. I also declare that I shall abide by the rules and regulations and decisions of the Chess Association Kerala/ All India Chess Federation, as the case may be and co-operate with the officials in participation in the chess tournaments/championships.

Place:

Date:

Name and Signature of Player/ Parent

(After paying the Registration fee, insist on receiving the signed receipt below)

TEMPORARY RECEIPT

The CAK Registration fee of the following player has been received

Sr. /Smt. for the period 1st Jan 20__ to 31st Dec 20__ .

Place :

Date:

(Rubber Stamp of the Organizer)

Name of the Organizer

(Name in Block Letters)