



5th Charles J. Krog Memorial
Beginner's Tournament
A THREE-SECTION SCHOLASTIC
CHESS TOURNAMENT

sponsored by
Knights of Columbus
Msgr. John A. Welsh Council 4312

&
The Holy Rosary Catholic School
Chess Club

SATURDAY, JANUARY 5, 2008
9:00 A.M. to 2:00 P.M.
Holy Rosary School
4841 Park Avenue

**PREREGISTRATION
BY FRIDAY, January 4
IS REQUIRED
NO WALK-IN REGISTRATIONS**

Tournament Format
4 Round Swiss System
(USCF MEMBERSHIP REQUIRED)

THREE RATING/GRADE SECTIONS
(Using USCF current On-Line Ratings)
Each section limited to 16 students.
Section III MUST RECORD GAMES
**I - UNRATED (USCF Membership NOT
REQUIRED)**
**II K through 5 U600: Grades K-5 new
USCF or USCF rating under 600**
**III K through 9 U900: Grades K-9 new
USCF or USCF rating under 900.**

Tournament Schedule

*Round Starting Times are approximate & depend
on speed of play.*

CHECK-IN: 8:30 to 9:00 A.M.
ROUNDS BEGIN PROMPTLY AT 9:15 A.M. and
continue at about 10:25, 11:35 & 12:40 P.M.

**PLAYERS WHO HAVE NOT CHECKED-IN
BY 9:00 A.M. WILL NOT PLAY FIRST
ROUND**

TIME CONTROL: G/30 (G/25 w/ 5" delay)

PRIZES

Each section-1st & 1st NEW
Trophy & either Tarrasch Formula or Chess
Tactics for the Tournament Player or Chess
Tactics for Juniors

Each Section-2d, 3d places:
Trophy & Pandolfini's Chess Openings
Traps and Zaps

Each Section-4th Place:
Trophy & Bobby Fischer Teaches Chess
Each Section-Best Game:
Trophy & Scorebook
All players who have not won a trophy:
Place Ribbon

FEES

Registration: \$15
USCF Membership for New Members
Scholastic (Age 12 and younger) : \$17
Youth Membership
(Age 15 and younger) : \$19

Miscellaneous :

REGISTER EARLY--SPACE LIMITED!!

To Register:
Complete form, detach, and mail with
check (payable to K of C Council 4312),
to:

Charles J. Krog Memorial Tournament
c/o Holy Rosary Chess Club
366 S. Sanga Road
Cordova, TN 38018

Questions? Call Greg Krog, Jr. at
652-7642 or e-mail to
gkrogjr@comcast.net
BE SURE TO PRINT OR TYPE ON THIS
FORM!

Name _____

USCF ID # _____

Exp. Date _____

Address _____

_____ City _____

STATE _____ ZIP _____

School _____

Grade _____

D.O.B. ___/___/___

Telephone _____

Fees

Registration: _____

USCF Membership: (S) _____ (Y) _____

Total _____