

**\*WMCA REGISTRATION FORM:**

**\*REQUIRED INFORMATION TO ENTER TOURNAMENT\***

Name: \_\_\_\_\_

Name Of Tournament: \_\_\_\_\_

½ Point Bye Request/Round: \_\_\_\_\_

U.S.C.F. ID. No. & expiration (If member) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Entry Fee \$ \_\_\_\_\_ U.S. Chess Federation membership Fee: \_\_\_\_\_

(Fill out USCF Membership Form)

W.M.C.A. membership (Circle one) new or renewing \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_