



U.S. CHESS FEDERATION

P.O. Box 3967, Crossville, TN 38557-3967
800-903-USCF (8723) • FAX 931-787-1200

Time Control

Tournament Type
Please check all that apply

Regular
Quick
Regular 1/2K

Official Tournament Report Form

Reports should be submitted no later than seven (7) days after the ending date of the tournament

Check if you imputed any ID numbers manually

Please type or print clearly and double-check your report before submitting it to ensure that it meets all the requirements for a nationally rated tournament. We cannot rate your tournament unless this form is filled out correctly. Please note that events submitted on disk with a time control from G/30 to G/60 will be rated using both the Quick and regular system.

Tournament Name: _____

Section(s) or Class(es): _____ No. of players: _____

Date Started: _____ Date Ended: _____ No. of games played: _____

IMPORTANT!! WAS A TLA SUBMITTED FOR THIS EVENT Yes No
If TLA DATES WERE DIFFERENT FROM DATES ABOVE, GIVE TLA DATES HERE: _____

Played in: City _____ State _____ ZIP _____

Sponsoring USCF Affiliate: _____ ID No.: _____

Send Crosstable To: (check only one, see line 4 for fees) Sponsoring Affiliate Chief TD

FEES

- 1. Rating fee for typed or handwritten tournament reports
2. Rating fee for reports sent on USCF tournament administrator diskettes
3. Crosstable Fee
4. Receipt/return request
5. Professional Players' Health and Benefit Fund
6. GRAND TOTAL: (sum of lines 4, 5 and 6 above)

Please include a check for this amount plus any USCF membership fees. Please do not staple check to this report.

STATEMENT OF COMPLIANCE

I accept responsibility for the correctness of this tournament report and certify that I have performed the duties of Chief Tournament Director in accordance with USCF rules and procedures. I understand that these activities do not make me an agent of USCF for any purpose.

Date: _____ Signature of Chief Tournament Director: _____

Chief TD: _____ Level: _____ ID No.: _____

Chief TD's Address: _____ Day Phone: (____)

City: _____ State: _____ Zip: _____ Eve. Phone: (____)

TD E-mail Address: _____

Assistant Tournament Directors & ID Numbers: _____

Please attach a list of names and USCF ID numbers of all players winning a class prize of \$1,000 or more.

THANK YOU FOR RUNNING AN OFFICIAL USCF EVENT!

ROUND ROBIN RESULTS

No.	PLAYER'S FULL NAME (AS SHOWN ON MEMBERSHIP CARD) LAST, FIRST, INITIAL	I. D. NUMBER	RATING	No 1	No 2	No 3	No 4	No 5	No 6	No 7	No 8	No 9	No 10	No 11	No 12	No 13	No 14	TOTAL
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
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