

This form works best for simple tournaments. If your tournament has more than 3 sections or is otherwise complicated, please type (double-spaced) your announcement, being careful to indicate all important information. IMPORTANT: SEE DEADLINES ON OTHER SIDE!



www.uschess.org
U.S. CHESS FEDERATION
Po Box 3967 • Crossville, TN 38557-3967
800-903-USCF (8723) • FAX 931-787-1200

TOURNAMENT LIFE ANNOUNCEMENT FORM

Please Print or Type

DATES: _____ STATE: _____ Grand Prix? Yes No TLA will appear in _____ issues.

NAME OF EVENT: _____

NUMBER OF ROUNDS: _____ Format: Swiss-system Round-robin GPP: _____ PHBF (Enhanced GP points): Yes No

1/2-K _____ Full-K _____ Chess Life: Yes No School Mates: Yes No USCF Tour: Yes No Quick Chess: Yes No

TIME CONTROLS: 1st _____ / _____ SITE: _____

2nd _____ / _____

3rd _____ / _____

TOTAL PRIZE FUND: _____ Guaranteed or Based on _____

DESCRIPTION OF SECTIONS:

1. _____ Open to _____ EF: _____ if rec'd by _____, _____ at site. Prize Fund: _____

Prizes: _____ Reg. _____ Rds. _____

2. _____ Open to _____ EF: _____ if rec'd by _____, _____ at site. Prize Fund: _____

Prizes: _____ Reg. _____ Rds. _____

3. _____ Open to _____ EF: _____ if rec'd by _____, _____ at site. Prize Fund: _____

Prizes: _____ Reg. _____ Rds. _____

ALL: EF: _____ Reg. _____ Rds. _____

State Membership required? If yes, how much? _____ State Affiliate: _____ Other states OK? Yes No

Other Membership required? _____ Hotel rates: _____ Hotel phone: (_____) _____

Other information: _____

ADDRESS FOR ADVANCE ENTRY:

Complete Address: _____

Phone: (_____) _____ e-mail: _____

Sponsoring Affiliate: _____ ID No.: _____

STATEMENT OF COMPLIANCE: We, the undersigned, accept responsibility for performing all duties in accordance with USCF rules and procedures, particularly the timely submission of the proper rating report within **one week** of the completion of the event and the submission of the appropriate rating fees and membership dues. Affiliates, organizers, and tournament directors are not agents of USCF for any purpose.

Authorizing Officer: *Print* _____ Signature: _____

If above event is a State Championship, it **must** have approval of the State Association.

Name of Officer: _____ Signature: _____

State Office: _____

Send acknowledgement to: _____

(Give Full Address)

_____ e-mail _____

Phone: day (_____) _____ evening (_____) _____ FAX (_____) _____

HELPFUL INFORMATION ABOUT HOW TO USE THIS FORM IS ON THE BACK.

Please send all correspondence to: TLA Dept., *Chess Life*, 3068 NYS Route 9W, New Windsor, NY 12553.

Phone (845) 565-8687 • FAX (845) 236-4852 • e-mail tl@uschess.org

*See other side for Grand Prix point scale, an explanation of PHBF, and additional information on how to fill out this form.