



KOLEJ KEDAMAMAN
TUANKUBAHYAH
UNIVERSITI MALAYA



UNIVERSITI
MALAYA



22ND GACC CHESS CHAMPIONSHIP

TUANKUBAHYAH RESIDENTIAL COLLEGE
UNIVERSITY OF MALAYA
50603 KUALALUMPUR
MALAYSIA

Tel: 03-7967 3416 / 03-7954 3603

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22ND GACC INTERNATIONAL INTER-VARSITY CHESS CHAMPIONSHIP (FIDE RATED) REGISTRATION FORM (INTERNATIONAL PARTICIPANTS)

NAME OF CONTACT PERSON*: _____

UNIVERSITY/ COLLEGE*: _____

COUNTRY* : _____

ADDRESS : _____

DESIGNATION : Player/Manager/Coach EMAIL*: _____

TELEPHONE NUMBER*: _____ FAX: _____

*Mandatory fields

Individual Player

Name (Underline Surname)	Sex	FIDE ID*	FIDE RATING*	Passport Number & Expiry Date

Team

Name (Underline Surname)	Sex	FIDE ID*	FIDE RATING*	Passport Number & Expiry Date

Accompanying Personnel (Team Manager/ Coach etc.)

Name (Underline Surname)	Sex	Passport Number & Expiry Date

*Participants are required to attach one passport sized passport together with registration form.

Special food preference: _____ (Vegetarian, Food Allergy.)

Transportation Details

Arrive By Air: Refer Section A

Others : Refer Section B

Section A (By Air):

	Date	Time (Local Time - Malaysia)	Carrier & Flight Number
Arrival			
Departure			

Section B (By other modes of transportation):

Mode of transport: _____ Date of arrival: _____

Time: _____ Location of arrival in Malaysia: _____

Amount of Payment(Please choose either one of the accommodation.)

a) Tuanku Bahiyah Residential College

Categories	Fees Per Individual (USD)	Number of Players	Total (USD)
International Participant	170		
GM, WGM, IM, WIM, FM and WFM	120		
Accompanying Personnel	110		
TOTAL			

b) Official Hotel

Categories	Fees Per Individual (USD)	Number of Players	Total (USD)
International Participant	370		
GM, WGM, IM, WIM, FM and WFM	320		
Accompanying Personnel	310		
TOTAL			

Please do not attach your payment along the registration form. You are only required to make your payment upon arrival.

DECLARATION

I/We agree to participate in this 22ND GACC INTERNATIONAL INTER-VARSITY CHESS CHAMPIONSHIP 2018 and to abide by its rules and regulations.

NAME OF PARTICIPANT/TEAM MANAGER: _____

Signature of Team Manager

Seal of University/Institute

Date

Kindly return this registration form to the organizing committee by: 18th of December 2017.