

Adult Workshop Registration Form

Please Print Clearly

Name: _____

Street address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____



E-mail: _____

Please register me for:

_____ Learning to play chess (or improving your play) Monday, June 14th

_____ Teaching Chess Tuesday, June 15th

_____ Incorporating chess into your curriculum Wednesday, June 16th

_____ Club Management, inc. Starting a Scholastic Club Thursday, June 17th

_____ Running a tournament, Human Chess Games.... Friday, June 18th

Help us target our workshop materials. Tell us a little about yourself (teacher, parent, chess knowledge, currently running a club, want to start a club....) and what you hope to learn. Feel free to continue on the back if necessary.

At what school do you teach or volunteer?

School: _____

District: _____