



# 2021 SCHOOLS CHESS LEAGUE

## NORTHERN ZONAL

presented by  
the Chess Association of Western Australia

[www.cawa.org.au](http://www.cawa.org.au)

### Sunday, 7<sup>th</sup> March

#### LOCATION

North Woodvale Primary School  
4 Chichester Drive  
Woodvale WA 6026

#### FORMAT

7 round swiss with Primary and Secondary School Divisions subject to entries.

**This will be a ACF quick rated tournament.**

The organisers reserve the right to amalgamate the two divisions if there is a lack of Secondary students' entries.

#### TIME CONTROL

15 minutes + 2 second increment

#### PLAYING TIME

**Sunday, 7<sup>th</sup> March 12:30pm to 5:00pm. Please arrive by 12:00pm to assist the registration process.**

**A player may request a half-point bye, for round 1 only. Written notice of intent to take a half-point bye must be submitted by text (mobile:0439 912 234) prior to the start of the tournament.**

#### SCHEDULE

<b>Venue Opens</b>	11:30am	<b>Round 5</b>	3:15pm
<b>Entries Close</b>	12:10pm	<b>Round 6</b>	3:55pm
<b>Introductions</b>	12:15pm	<b>Break</b>	4:00pm
<b>Round 1</b>	12:30pm	<b>Round 7</b>	4:05pm
<b>Round 2</b>	1:10pm	<b>Presentations</b>	4:45pm
<b>Round 3</b>	1:50pm	<b>Finish</b>	5:00pm
<b>Break</b>	2:30pm		
<b>Round 4</b>	2:35pm		

### HOW TO REGISTER

<b>Option A: Register online</b> Price: \$25 per player	<b>Option B: Register via email</b> Price: \$25 per player	<b>Option C: Register on day</b> Price: \$30 per player
Follow the instructions at: <a href="https://www.trybooking.com/BOZZR">https://www.trybooking.com/BOZZR</a>	See Entry Form below. Pay via Cash or Cheque on the day.	Register at the venue prior to 12:10pm on the day of the event. Payment can be made via cash or cheque.

#### PRIZES

Trophy for the top three Primary schools.

Medals for the top four Primary School team members of top three teams.

Trophy or medal for the top three boys and top girl in the Primary division.

(Medals and trophies for Secondary Schools and students subject to entries)

### 2021 Schools Chess League Northern Zonal

Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

**ENQUIRIES:** Contact Alan Wolstencroft Email: [alien@upnaway.com](mailto:alien@upnaway.com) Mobile: 0439912234