



TEAM ROSTER

Coaches: Print this form and fill it out for each team. Please give it to the tournament director before the start of round one.

Select Section

6th Grade & Under

3rd Grade & Under

SCHOOL _____

INDICATE A, B, C, ETC. IF MULTIPLE TEAMS

SCHOOL ADDRESS _____

SCHOOL CITY _____

ZIP _____

List players in order of chess strength, with player 1 being the strongest:

PLAYER 1
NAME _____

USCF ID NUMBER
(IF APPLICABLE)

Grade

PLAYER 2
NAME _____

USCF ID NUMBER
(IF APPLICABLE)

Grade

PLAYER 3
NAME _____

USCF ID NUMBER
(IF APPLICABLE)

Grade

PLAYER 4
NAME _____

USCF ID NUMBER
(IF APPLICABLE)

Grade

..... alternates (optional: up to 2 players)

PLAYER 5
NAME _____

USCF ID NUMBER
(IF APPLICABLE)

Grade

PLAYER 6
NAME _____

USCF ID NUMBER
(IF APPLICABLE)

Grade

COACH OR PARENT
IN CHARGE _____

MOBILE
PHONE _____

EMAIL
ADDRESS _____

By signing this form, I certify:

- The playing order represents the relative strength of each player.
- I understand the rules of team chess, available at www.scichess.org.

SIGNATURE _____