

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ USCF  
Rating \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Please describe your chess playing experience and level. \_\_\_\_\_

\_\_\_\_\_

Preferred Tournament:: Tournament A or Tournament B Please circle your T-Shirt Size (Adult) S M L XL

**Please send this form postmarked by July 16 with a check for \$10  
(memo:Chess) to Lumberjack Days, PO Box 311, Stillwater, MN 55082.**