

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 15 with a check for \$10
(memo:Chess) to Lumberjack Days, PO Box 311, Stillwater, MN 55082.**