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**2019 Munster Junior Chess Championships**

**30 Nov-1 Dec 2019, from 10am**

**West County Hotel**

**Limerick rd, Ennis, Co. Clare**

[**www.treacysgroup.com**](http://www.treacysgroup.com)

**Tel: 065-6869600**

**Age bands: u8 u10 u12 u14 u16 u18**

**Girls Champion Shield for each age group above age 10**

**Fee: 2 children or more: €35 max.**

**€20 each child, u12, u14, u16, u18**

**€10 each child in u8's, €15 each child in u10's Unemployed? Better rates available.**

**Age requirements...**

under that age group on 1-Jan-2019

U18:Born 2001 or younger

U16: Born 2003 or younger

U14: Born 2005 or younger

U12: Born 2007 or younger

U10: Born 2009 or younger

U8: Born 2011 or younger

**Playing schedule:**

**U8:** on Saturday only,

20 minutes/clock

Round-1: 10.30am Rounds will be played off

quickly and parents need to stay nearby.

**U10:** Sunday, one day only. 25 minutes/clock

Rd-1: 10.30am Rd-2: 11.30am Rd-3: 12.30pm

Lunch break

Rd-4: 1.45pm Rd-5: 2.45pm Rd-6: 3.45pm

**U12, U14, U16, U18** Saturday & Sunday

90mins/clock

Saturday

Rd-1: 10.30am Rd-2: 2 pm Rd-3: 5 pm

Sunday:

Rd-4: 10.30am Rd-5: 2 pm

**General Notes: - please read**

1.Titles can only be won by Munster residents, but others may play.

2.Entries should be in by evening, 29-Nov-19

3.Please try and bring Chess sets and clocks

4.Games must be recorded for u12's and older 5.Age groups may be merged if numbers are low.

6.The Controllers decision is FINAL ! 7.Older age-groups will be rated by the ICU. 8.The organisers are not responsible for the children – parents must look after their own.

**9. Entering the correct age group is the**

**responsibility of the child's parents**

**MJCC-2019 Booking Form**

**Age group playing in:\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Telephone (home)**

**Telephone (during tournament)**

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**e-mail address (for receipts, chess news)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any medical or learning problems?**

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**Age:\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_**

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

**Have you an ICU rating? Yes\_\_\_\_ No\_\_\_\_\_**

**ICU rating if known?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents name (s)– printed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send entries to:-** John Cassidy Loyola, Cusack rd, Ennis Co. Clare Tel: 087- 2495913 email: ritacassidy16@eircom.net

**A Parent's signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cheques payable to “John Cassidy”**