

ENTRY FORM

**NAME OF EVENT : ASIA (KL) BRAILLE CHESS TEAM
CHAMPIONSHIP 2024**

DATE : 11 – 14 DECEMBER 2024

**VENUE : OLYMPIC MALAYSIA HOTEL,
KUALA LUMPUR, MALAYSIA**

ORGANIZATION	
NAME	:
ADDRESS	:
TELEPHONE NO.	:
WHATSAPP NO.	:
EMAIL	:

TEAM CAPTAIN	
NAME	:
WHATSAPP NO.	:
EMAIL	:
PASSPORT NO.	:

PLAYER 1	
FULL NAME	
PASSPORT NO.	
VERIFICATION OF BLINDNESS	
PHOTO	
SIGNATURE	
POSITION	

PLAYER 2	
FULL NAME	
PASSPORT NO.	
VERIFICATION OF BLINDNESS	
PHOTO	
SIGNATURE	
POSITION	

PLAYER 3	
FULL NAME	
PASSPORT NO.	
VERIFICATION OF BLINDNESS	
PHOTO	
SIGNATURE	
POSITION	

ESCORTING OFFICIAL		
NO.	FULL NAME	PASSPORT NO.
1.		
2.		
3.		

ENTRANCE TOTAL FEE: _____

Organizer:

KL Braille Resources

Address : 02-03, Maxim Citylights, No. 25, Jalan Sentul Perdana, 511000 Kuala Lumpur, Malaysia

Email : klbr.event@gmail.com

Contact Person : Mr. Muntazar Farhan

Whatsapp : +6011-11285764

The completed entry form together with the full fee payment receipt must be sent via email or whatsapp on or before **12 November 2024**.