

**Registration Form**

**ASIAN CHESS CHAMPIONSHIP FOR PLAYERS WITH DISABILITIES**

**(Open, Women, Juniors and Girls)**

**10–18 November 2024 \* Bishkek, Kyrgyzstan**

|  |  |
| --- | --- |
| **National Federation:** | |
| Name of contact person: | |
| Email: | Mobile Number: |

Proceed to page 2 below and register players, coaches and accompanying persons 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List of Players** | | | |  |  |
| **No.** | **Full name** | **Sex** | **FIDE ID** | **Passport No.** | **Classification** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List of additional coaches, accompanying persons, etc.** | | |  |  |
| **No.** | **Full name** | Position | Sex | Passport No |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

|  |
| --- |
| **Please make your delegation's room list (total number and type of rooms)** |
| **Total Number of single occupancy rooms (1x):** |
| **Total Number of double occupancy rooms (2x):** |
|  |
| **Room No. 1 (names):** |
| **Room No. 2 (names):** |
| **Room No. 3 (names):** |
| **Room No. 4 (names):** |
| **Room No. 5 (names):** |

***PS: Use other paper or expand the document for more space if your delegation is larger.***

**Date:**

**Name & signature of responding official:**