A logo of a chess piece and a stamp

AI-generated content may be incorrect.

**Registration Form**

**3rd ASIAN CHESS CHAMPIONSHIP FOR PLAYERS WITH DISABILITIES**

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

**1-8 December 2025 \* Tagaytay City, Philippines**

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

Register players below. For coaches and accompanying persons use next table. 

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

\* Add (w) if with wheelchair

Indicate Head of Delegation (HOD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and add WhatsApp number: (+ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| **Arrival Date :** | **Time :** |
| **Arriving From :** | **Flight No. :** |

|  |
| --- |
| **Please indicate your delegation's rooming list (total number and type of rooms)** |
| **Total Number of single occupancy rooms (1x) (subject to availability):** |
| **Total Number of double occupancy rooms (2x):** |
| **Total Number of triple occupancy rooms (3x):** |
| **\*Pls indicate (w) if with wheelchair** |
|  |
| **Room No. 1 (names):** |
| **Room No. 2 (names):** |
| **Room No. 3 (names):** |
| **Room No. 4 (names):** |
| **Room No. 5 (names):** |

***Organizing Committee will send invoice.***

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

***Attach color ID photos and clear scanned passport copies for each person.***

**Date:**

|  |  |
| --- | --- |
| **Name of Responding Official :** | |
| **Please submit this entry form by 1st November 2025 to the following email addresses:** [casto.abundo@gmail.com](mailto:casto.abundo@gmail.com), [mykelapitan0818@gmail.com](mailto:mykelapitan0818@gmail.com), [patrick\_r\_lee@yahoo.com.ph](mailto:patrick_r_lee@yahoo.com.ph), [mykelpagz@gmail.com](mailto:mykelpagz@gmail.com) and [jamesinfiesto@gmail.com](mailto:jamesinfiesto@gmail.com) |