

**Registration Form**

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

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

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

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| --- |
| **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, mykelapitan0818@gmail.com, patrick\_r\_lee@yahoo.com.ph, mykelpagz@gmail.com and jamesinfiesto@gmail.com  |