

**New LOCATION:**

**Ribet Academy**  
**2911 N. San Fernando Rd**  
**Los Angeles, CA 90065**



- \*Beautiful and spacious
- \*Air Conditioned
- \*Plenty of Parking

# 6th Annual Greater California Scholastic Chess Championship

## August 8th and 9th

**Varsity Sections:**

**K-12 Open**  
**K-12 Under 1500**  
**K-9 Under 1200**  
6 rounds G/60 d5

**Round Times:**

Saturday: 10am, 12:30pm, 3pm  
Sunday: 10am, 12:30pm, 3pm

**JV Sections:**

**JV K-6 Under 900**  
**JV K-3 Under 600**

5 double rounds G/30 d5

(total of 10 games will be played. A double round means players will play 2 games—one as white and the other as black against the same opponent)

**Round Times:**

Saturday: 10am, 12:30pm, 3pm  
Sunday: 10am and 12:30pm

**Register by July 17th  
for \$60 early bird rate!**

**60 trophies to top 12 per section and additional cash prizes to top 3 per section. \$2000 cash prize guaranteed!**

**Byes: one 1/2 point bye allowed (1-point for double round. Must request before the start of the tournament.)**



Food and drinks available for purchase

**Early Bird Entry Fee: \$60 until 7/17. (\$75 Entry Fee 7/18 to 7/31). All entries after 7/31 will be \$90.**

**Registration closes at 10pm on 8/7. NO ONSITE REGISTRATION.**

**Pay Pal payments to: [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com)**

**Venmo: @Armen-Ambartsoumian**

**Mail Entries: ACA 411 N. Jackson Street, apt. 101, Glendale, CA 91206 Checks made payable to American Chess Academy**

**Must receive payment by**

**Contact: [www.achessacademy.org](http://www.achessacademy.org) Email: [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com) Phone: (818) 640-5974**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ USCF ID \_\_\_\_\_ Expires \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Rating: \_\_\_\_\_ Byes: 1 2 3 4 5 6 Team/Club Name: \_\_\_\_\_

Section: (please circle) **K-12 Open** **K-12 U1500** **K-9 U1200** **JV K-6 U900** **JV K-3 U600**

I, as the parent or guardian of the above named child, hereby give permission for my child to participate in the programs and activities offered by the American Chess Academy. I and my child agree to accept and comply with all rules and regulations of the American Chess Academy.

I hereby authorize any agent of the American Chess Academy to act as agent for the understand to consent to any emergency medical treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act, should an emergency arise and I cannot be located in a timely manner. I understand that the American Chess Academy assumes no financial responsibility for any such medical care.

I, on behalf of myself and my child, hereby waive any claim I might have against, and release, and agree to indemnify, save, and hold harmless, the American Chess Academy program, even if my child turns 18.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_