



**2017 Munster Junior Chess Championships  
2-3 December 2017, from 10am**

**West County Hotel  
Limerick rd, Ennis, Co. Clare  
[www.treacysgroup.com](http://www.treacysgroup.com)  
Tel: 065-6869600**

**Age bands: u8 u10 u12 u14 u16 u18  
Girls Champion Shield for each age group  
above age 10  
Fee: 2 children or more: €35 max.  
€20 each child, u12, u14, u16, u18  
€10 each child in u8's, €15 each child in  
u10's Unemployed? Better rates available.  
Age requirements...  
under that age group on 1-Jan-2017  
U18: Born 1999 or younger**

U16: Born 2001 or younger  
U14: Born 2003 or younger  
U12: Born 2005 or younger  
U10: Born 2007 or younger  
U8: Born 2009 or younger

**Playing schedule:**

**U8:** on Saturday only,  
20 minutes/clock  
Round-1: 10.30am Rounds will be played off  
quickly and parents need to stay nearby.

**U10:** Sunday, one day only. 25 minutes/clock  
Rd-1: 10.30am Rd-2: 11.30am Rd-3: 12.30pm  
Lunch break  
Rd-4: 1.45pm Rd-5: 2.45pm Rd-6: 3.45pm

**U12, U14, U16, U18** Saturday & Sunday  
90mins/clock  
Saturday  
Rd-1: 10.30am Rd-2: 2 pm Rd-3: 5 pm  
Sunday:  
Rd-4: 10.30am Rd-5: 2 pm

**General Notes: - please read**

1. Titles can only be won by Munster residents, but others may play.
2. Entries should be in by evening, 1-Dec-17
3. Please try and bring Chess sets and clocks
4. Games must be recorded for u12's and older
5. Age groups may be merged if numbers are low.
6. The Controllers decision is FINAL !
7. Older age-groups will be rated by the ICU.
8. The

organisers are not responsible for the children  
– parents must look after their own.

**9. Entering the correct age group is the  
responsibility of the child's parents**

**MJCC-2017 Booking Form**

**Age group playing in:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone (home)**

**Telephone (during tournament)**  
\_\_\_\_\_

**e-mail address (for receipts, chess news)**  
\_\_\_\_\_

**Any medical or learning problems?**  
\_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**School:** \_\_\_\_\_

**Have you an ICU rating? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**ICU rating if known?** \_\_\_\_\_

**Parents name (s)– printed**  
\_\_\_\_\_  
\_\_\_\_\_

**Please send entries to:-** John Cassidy Loyola,  
Cusack rd, Ennis Co. Clare Tel: 087- 2495913  
email: ritacassidy16@eircom.net

**A Parent's signature**  
\_\_\_\_\_

**Cheques payable to “John Cassidy”**