



# Scholastic Chess Membership Form

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

Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Scholastic Player Name (Optional): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of an emergency please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**SIGNATURE OF STUDENT OR PARENT** \_\_\_\_\_

**Please Circle Answer:**

1. Would you like to be on our Email mailing list for newsletters and updates? **Yes / No**
2. Does the student have any physical restrictions or special accommodations to be made?  
**Yes / No**  
If yes, please specify \_\_\_\_\_
3. Does the applying student have any previous chess experience? **Yes / No**  
If yes, please specify \_\_\_\_\_

All classes, events, tournaments and featured news will be available online at:  
[www.colleyschesscafe.com](http://www.colleyschesscafe.com) or if you have any questions, you can Email to [colley.kitson@gmail.com](mailto:colley.kitson@gmail.com)

**Please bring in or mail to:** 320 N. Main Street, Bloomington, IL 61701

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