William Land Chess Club Application Form

| Student's First | Name: |
|---|--|
| Student's Last | Name: |
| Grade: Teacher: | |
| 1st Parent's | First Name: |
| | Last Name: |
| | Phone Number: |
| | Email Address: |
| 2nd Parent's | First Name: |
| | Last Name: |
| | Phone Number: |
| | Email Address: |
| After class student will be: (please circle one) | |
| o Picke | ed up by parent/guardian |
| o Parti | cipating in Lion's Den after school program |
| Chess Club will meet on Thursdays from 4:00 to 5:00 PM, usually in the library. | |
| Chess Club is f | for students in Grades 2 nd thru 6 th . |
| Cash donation of \$100.00 is requested at the first club meeting. | |
| Club rules. | |
| | s no eating allowed. treat each other with courtesy and respect. |
| | ay anyone's chess move is dumb. |
| | s who continue to disobey the rules will be dropped |
| from the | |
| | s who miss 4 consecutive meetings will be dropped laced by the student at the top of the waiting list. |
| Parent's Signat | cure: |

Date Signed: _______
Turn in applications into the chess club box located in the office between August 28th thru September 15th.