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| **2017 AFRICAN YOUTH CHESS CHAMPIONSHIPS PLAYER REGISTRATION FORM - GIRLS SECTION** |
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|
| **NATIONAL FEDERATION** |
| Contact person | Designation of contact person |
| Address |
| Mobile | E-mail |
|   |
| **PLAYERS' INFORMATION** |
|
| AGE GROUP | FIRSTNAME | FAMILYNAME | DATE OFBIRTH | PASSPORTNUMBER | FIDE IDENTITY NUMBER | FIDE TITLE |
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| **FLIGHT DETAILS TO AND FROM CAIRO INTERNATIONAL AIRPORT** |
| ARRIVAL FLIGHT NUMBER  | CAIRO ARRIVAL DATE | CAIRO ARRIVAL TIME |  DEPARTURE FLIGHT NUMBER | CAIRO DEPARTUREDATE | CAIRO DEPARTURE TIME |
|  |   |   |  |  |   |
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**Completed registration form to be emailed to IA Hassan Khaled – Technical Director** **haskh@yahoo.com** **/** **egyptian.chess.fed@gmail.com**

**Scanned copies of the following must accompany the completed registration form:**

* **proof of payment of FIDE/ACC entry fees**
* **proof of payment of tournament registration fees**
* **copy of passports (non-Egyptian players)**