



# U.S. CHESS FEDERATION

P.O. Box 3967, Crossville, TN 38557-3967  
800-903-USCF (8723) • FAX 931-787-1200

Time Control  
\_\_\_\_\_

Tournament Type  
Please check all that apply

Regular  
 Quick  
 Regular  
1/2K

## Official Tournament Report Form

Reports should be submitted **no later than seven (7) days** after the ending date of the tournament

Check if you imputed any ID numbers manually

Please type or print clearly and double-check your report before submitting it to ensure that it meets all the requirements for a nationally rated tournament. We cannot rate your tournament unless this form is filled out correctly. Please note that events with a time control from G/30 to G/60 will be rated using both the Quick and regular system.

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

Section(s) or Class(es): \_\_\_\_\_ No. of players: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ No. of games played: \_\_\_\_\_

**IMPORTANT!!** WAS A TLA SUBMITTED FOR THIS EVENT  Yes  No  
IF TLA DATES WERE DIFFERENT FROM DATES ABOVE, GIVE TLA DATES HERE: \_\_\_\_\_

Played in: City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Sponsoring USCF Affiliate: \_\_\_\_\_ ID No.: \_\_\_\_\_

Send Crosstable To: (check only one, see line 4 for fees)  Sponsoring Affiliate  Chief TD

### FEES

**1. Rating fee for typed or handwritten tournament reports**

40¢ per game (\$8 minimum rating fee) . . . . . Subtotal \$ \_\_\_\_\_

**2. Rating fee for reports sent on USCF tournament administrator diskettes** (a paper crosstable must be included with the report)

20¢ per game (\$5 minimum rating fee) . . . . . Subtotal \$ \_\_\_\_\_

**3. Crosstable Fee**

\$2 to receive a complete crosstable showing pre- and post-tournament ratings  
(Free CrossTable available at <http://msa.uschess.org>) . . . . . **Total Due \$** \_\_\_\_\_

**4. Receipt/return request**

50¢ for an acknowledgement of USCF receipt of your rating report or  
 I enclose a stamped, self-addressed envelope . . . . . **Total Due \$** \_\_\_\_\_

**5. Professional Players' Health and Benefit Fund**

Mandatory contribution for an Enhanced Grand Prix: Number of players \_\_\_\_\_ x \$1.00 = \$ \_\_\_\_\_  
 Voluntary Contribution \$ \_\_\_\_\_

**6. GRAND TOTAL:** (sum of lines 4, 5 and 6 above) . . . . . **\$** \_\_\_\_\_

Please include a check for this amount plus any USCF membership fees. Please do not staple check to this report.

### STATEMENT OF COMPLIANCE

I accept responsibility for the correctness of this tournament report and certify that I have performed the duties of Chief Tournament Director in accordance with USCF rules and procedures. I understand that these activities do not make me an agent of USCF for any purpose.

Date: \_\_\_\_\_ Signature of Chief Tournament Director: \_\_\_\_\_

Chief TD: \_\_\_\_\_ Level: \_\_\_\_\_ ID No.: \_\_\_\_\_

Chief TD's Address: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

TD E-mail Address: \_\_\_\_\_

Assistant Tournament Directors & ID Numbers: \_\_\_\_\_

Please attach a list of names and USCF ID numbers of all players winning a class prize of \$1,000 or more.

**THANK YOU FOR RUNNING AN OFFICIAL USCF EVENT!**





