

St. Martin de Porres Marianist School  
530 Hempstead Boulevard, Uniondale, New York 11553  
516 481-3303 <>< FAX 483-4138



St. Martin de Porres Marianist School  
Proudly Hosts  
The 12<sup>th</sup> ANNUAL TOM MANSFIELD  
INVITATIONAL CHESS TOURNAMENT

WHEN: Saturday, February 17<sup>th</sup>, 2018 at 12:00 Noon.

WHO: Due to the interest in having younger students participate, the Tournament has been expanded to include students in grades 1-8 with three levels of play; one level will be for students in grades 1-3; one level will be for students in grades 4-5; one level will be for students in grades 6-8.

FEE: \$10.00 per participant - No charge for St. Martin's Students.

AWARD: Awards for all participants and top finalists in all levels

DEADLINE: An application must be returned for EACH PARTICIPANT. All applications and fees MUST BE SUBMITTED TO ST. MARTIN DE PORRES MARIANIST SCHOOL AS SOON AS POSSIBLE.

A maximum of 100 students will participate. Applications & fees must be made out to:

St. Martins ~ ATTENTION: CHESS TOURNAMENT in the memo

Any questions please have a parent contact Mr. Peter Mansfield at [muddyrts@hotmail.com](mailto:muddyrts@hotmail.com)

REFRESHMENTS WILL BE AVAILABLE.

PARENTS ARE REQUIRED TO ATTEND THE TOURNAMENT WITH THEIR STUDENT.

LOOKING FORWARD TO SEEING YOU THERE,

~ MR. PETER MANSFIELD



# 11<sup>th</sup> ANNUAL TOM MANSFIELD INVITATIONAL CHESS TOURNAMENT

## STUDENT APPLICATION

Please PRINT clearly

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ Age: \_\_\_\_\_

Town School is in: \_\_\_\_\_

Chess skill level:

I am a beginner \_\_\_\_\_ I play occasionally \_\_\_\_\_ I am an experienced/good player \_\_\_\_\_

Parent's Name:

\_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

This is needed in order to reach the parent with any further information we need to convey to you about the Tournament.

I UNDERSTAND THAT I AM REQUIRED TO ATTEND THE TOURNAMENT WITH MY SON / DAUGHTER.  
I CERTIFY THAT THE E-MAIL ADDRESS LISTED ABOVE IS MINE.

\_\_\_\_\_  
Signature of Parent

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For School Use Only:

Amt. Paid

Method of Payment

Play Level

Date Application and Fee Received