

**FESTIVAL RAVENNA SCACCHI
RAVENNA (LIDO ADRIANO) OCTOBER 9-11 2009
PRE-REGISTRATION FORM**

A TOURNAMENT

B TOURNAMENT

CHRISTIAN NAME AND SURNAME _____

NATIONALITY/ TOWN _____

FSI/FIDE TITLE _____ Elo _____

ADDRESS and E-MAIL _____

PAYMENT BY BANK TRANSFER:

Date Bank transfer _____ n. of Bank transfer . _____

HOTEL BOOKING:

Room/s n. ____ type _____ Number of people _____

Number of Overnight stays _____

PARTICULAR REQUIREMENTS: _____

Fill in the form and e-mail to: delv246@gmail.com