**12th IBCA World Women Chess Championship
for the Blind and Visually Challenged**

**27 September - 07 October 2024**

 ** **

 **Registration & Booking Form**

**Forward to the Organising Committee:** 2024 IBCA World Women Chess Championship for the Blind and Visually Impaired The Chancery Pavilion\*\*\*\*\* hotel in Bengaluru, India

Email: entries@aicfb.in cc to office@aicfb.in

**Instructions :**

1. Registration forms must be sent by e-mail to the Organising Committee by **15 June 2024**.

2. A deposit payment of **100%** of the accommodation **per person** must be paid in advance via bank wire transfer including bank charges by **15 July 2024.**

Payments shall be made to the following bank account:

**Account Name:** All India Chess Federation for the Blind/INTL Chess Event

**Bank Name & Branch:** Indian Bank, Vile Parle West Branch

**Current Bank A/c No:** 7744056220

**Branch Code:** 01930

**IFSC Code:** IDIB000V096

**Swift Code:** IDIBINBBVPL

**Bank Address:** 1st Floor Hemu Arcade, Vile Parle (West), Mumbai - 400056.

**Beneficiary Address:** 128/4253 Kalasadan Co Op Hsg Society, Neharu Nagar, Kurla East, Mumbai - 400018.

It is clarified thatdeposit payments are **non-refundable.**

3. Passport numbers are necessary only for players or accompanying persons who need entry visa to visit India.

4. Flights refer to those flights arriving or departing from Kempegowda International Airport, Bengaluru (BLR). **If you know them by 15th August, also mention exact times of arrival & departure.**

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| **NATIONAL FEDERATION:**  |
| Name of contact person:  |

 Proceed to page 2 below and register players, coaches and accompanying persons 

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| --- | --- | --- |
| **List of Players** | **Arrival date and time /flight number**  | **Departing date and time/flight number** |
| **Full name**(and passport number only if invitation letter is needed for entry visa) | **FIDE ID Number** |  |  |
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| **Total No. of players:**  |  |  |  |

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| **List of additional coaches, accompanying persons, etc.** | **Arrival date and time /flight number** | **Departing date and time/flight number** |
| **Position** | **Full name**(and passport number if needed) | **FIDE ID number** |  |  |
| Coaches |  |  |  |  |
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| Accomp. persons |  |  |  |  |
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|  | **Total No. of added persons:** |  |  |  |

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| **Please make your delegation's room list (total number and type of rooms)** |
| **Total Number of single occupancy rooms (1x):** |
| **Total Number of double occupancy rooms (2x):**  |
| Additional nights can be requested in advance and, upon availability, can be possible at a proportional cost. |
| **Room No. 1 (names):**  |
| **Room No. 2 (names):**  |
| **Room No. 3 (names):**  |
| **Room No. 4 (names):**  |
| **Room No. 5 (names):** |

***PS: Use other paper or expand the document for more space if your delegation is larger.***

**Date:**

**Name & signature of responding official:**