



World Senior Team Chess Championship

Struga, Ohrid Lake 18-29 September 2023

**REGISTRATION & BOOKING FORM**

Organizer: Chess Federation of North Macedonia

Tel: +389 70 247247

IO Zoran Stojcevski

Email: seniorteam2023@fide.com

# Instructions:

1. Registration forms must be sent by e-mail to: [seniorteam2023@fide.com](mailto:seniorteam2023@fide.com) **not later than July 31st 2023.**
2. The Registration fee is 100 EUR (Euros) for each player and each accompanying official/person. The registration fee is compulsory and represents a confirmation of participation. The Registration fee includes transportation from and to Skopje and Ohrid International airports, accreditation, coffee, tea, mineral water, and other organization costs.
3. The Payment deadline is August 18th 2023.
4. Passport numbers are necessary only for players or accompanying persons who need visa permission to enter Republic of North Macedonia. Details about countries that need visa you can find on the official site: https://seniorteam2023.fide.com;

https://www.mfa.gov.mk/en/page/432/visa-requirements-for-entering-the-republic-of-north-macedonia

1. Please mention your exact arrival and departure times from Skopje or Ohrid airport.
2. Please, fill in Basic Team Information with all necessary data (list of players, list of other persons that are part of your delegation and rooming list information as well)

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| **Payment in bank (in euros):** | **Number of persons:** |
| **A payment of 100 EUR per person and 30% of the total hotel cost**is necessary to be done to the following bank account for confirmation of participation and hotel reservations (bank charges on the sender’s side):  Account holder name (Beneficiary): **Chess Club KAPABLANKA Skopje**  Address: **Kosta Novakovic 7/01-2, Skopje, Republic of North Macedonia**  Bank Swift code (BIC): **TUTNMK22**  Bank name: **NLB Banka Skopje**  IBAN: **MK07210722000108319**  With Payment Instructions = **OUR**  **The foreign bank commissions must be paid by the sender**. Please, follow above instruction, If not, the respective amount will be charged and should be paid in full before the end of the second round.  *After payment, copy of the bank transfer should be sent to email:* ***seniorteam2023@fide.com*** | |

# Basic Team Information:

|  |  |
| --- | --- |
| **CHESS CLUB** | **FEDERATION: Russia** |
| **Contact person:** | **Tel.:** |
| **Captain:** | **E-mail:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List of players (Latin letters)** | | | | | | | | | | | |
| **No** | **FIDE ID** | **Surname** (as in FIDE) | **Name** | **Fed.** | **Title** | **Arrival date (**yyyy/mm/dd) | **Arrival hour** (hh:mm) | **Depart date** (yyyy/mm/dd) | **Depart hour** (hh:mm) | **Airport** (Skopje/Ohrid) | **Passport** (Only for VISA) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **List of other persons (Latin letters). Please add new rows if your delegation is larger** | | | | | | | | | | | |
| **No** | **FIDE ID** | **Surname** (as in FIDE) | **Name** | **Fed.** | **Title** | **Arrival date** (yyyy/mm/dd) | **Arrival hour** (hh:mm) | **Depart date** (yyyy/mm/dd) | **Depart hour** (hh:mm) | **Airport** (Skopje/Ohrid) | **Passport** (Only for VISA) |
| 1 | x |  |  |  |  |  |  |  |  |  |  |
| 2 | x |  |  |  |  |  |  |  |  |  |  |
| 3 | x |  |  |  |  |  |  |  |  |  |  |
| 4 | x |  |  |  |  |  |  |  |  |  |  |
| 5 | x |  |  |  |  |  |  |  |  |  |  |
| 6 | x |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ROOMING LIST (Please add new rows if your delegation is larger)** | | | | |
| **HOTEL:** | | | | |
| **Room No. 1 (**Names**):** |  | | | |
| **Room No. 2 (**Names**):** |  | | | |
| **Room No. 3 (**Names**):** |  | | | |
| **Room No. 4 (**Names**):** |  | | | |
| **Room No. 5 (**Names**):** |  | | | |
| **Room No. 6 (**Names**):** |  | | | |
| **Room No. 7 (**Names**):** |  | | | |
| **Room No. 8 (**Names**):** |  | | | |
| **Room No. 9 (**Names**):** |  | | | |
| **Room No. 10 (**Names**):** |  | | | |
| **Total Number of rooms and persons** | | **Nr.** |  | **Total Pers.** |
| **Number of Single rooms** | |  | **X 1** |  |
| **Number of Double rooms** | |  | **X 2** |  |
| **Number of Triple rooms** | |  | **X 3** |  |

**Date:**

**Name and signature of responding official:**