



36th European Chess Club Cup

25th European Chess Club Cup for Women

Struga, Ohrid Lake 17-25 September 2021

**REGISTRATION & BOOKING FORM**

Organizer: Chess Club “KAPABLANKA” Skopje

Tel: +389 70 247247

IO Zoran Stojcevski

Email: sk\_kapablanka@outlook.com

# Instructions:

1. Registration forms must be sent by email to: [sk\_kapablanka@outlook.com](mailto:sk_kapablanka@outlook.com); [chessmkd@t.mk](mailto:chessmkd@t.mk); **not later than August 01st, 2021**.
2. The registration fee of 100 EUR per person and 30% of the total hotel cost must be paid in advance to the bank account specified below (net of bank charges), **not later than August 15th, 2021**.
3. Passport numbers are necessary only for players or accompanying persons who need visa permission to enter the Republic of North Macedonia. Details about countries that require a visa you can find on the official site: [europeanchessclubcup2021.com.mk](https://www.europeanchessclubcup2021.com.mk); eccc2021.com.mk;  
   https://www.mfa.gov.mk/en/page/432/visa-requirements-for-entering-the-republic-of-north-macedonia
4. Please mention your exact times of arrival and departure from Skopje or Ohrid airport.
5. Please fill 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 the 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 sender must pay the foreign bank commissions**. Please follow the above instructions; if not, the respective amount will be charged and paid in full before the end of the second round.  *After payment, a copy of the bank transfer should be sent to email:* ***sk\_kapablanka@outlook.com*** | |

# Basic Team Information:

|  |  |
| --- | --- |
| **CHESS CLUB** | **FEDERATION** |
| **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 |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ROOM 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:**