# CHESS COURSE
# ENROLLMENT REQUEST
**(Minimum Class Size: six students)**

**Student's Name** _____ **Grade** _____
First MI Last

**Parent's Name** _____ **Phone #**_____

**Email address** _____

**CHESS COURSE YOU ENROLL** _____

**Duration of each Lesson: 1.0 hr and 20 min., divided into two equal periods;**
**First period: Lesson Presentation.**
**Second period: Chess play training under direct supervision.**
**Course Start Date:** _____ **(To be determined)**

**Chess Course Fee: per Schedule, due at the time of enrollment.**
**Please NOTE:**

1. **Club membership is required.**
2. **Applications are accepted only with the applicable entry fee.**
3. **All payments (checks) will be cashed only after the beginning of the course.**

---

**Note: The fee is not refundable.**

**Please make your check payable to Chess Experts.**

**Paid with Check #** _____ **dated** _____

**Signed** _____

**Parent** _____
Print

**Thank you,**

Mihai Harabor

**Mihai Harabor**