



# CHENNAI DISTRICT CHESS ASSOCIATION

(AFFILIATED TO TAMIL NADU STATE CHESS ASSOCIATION)  
 No. 20, Sundara Murthy Vinayagar Koil Street, Triplicane, Chennai – 600 005.  
 Contact: 94442 010 94 | 044 – 28441567 EMAIL: cdca64@gmail.com

## BID FORM TO ORGANISE TOURNAMENT FOR PLAYERS IN CHENNAI DISTRICT

### 1 ORGANISER DETAILS

1.1	NAME OF THE ORGANISER	
1.2	RESIDING ADDRESS	
1.3	PRIMARY CONTACT NO:	
1.4	SECONDARY CONTACT NO	
1.5	E-MAIL ID	

### 2 PROPOSED EVENT DETAILS

2.1	NAME OF THE EVENT																												
2.2	START & END DATE OF EVENT	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">2.2A START DATE</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">YYYY</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				2.2A START DATE	DD	MM	YYYY					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">2.2B END DATE</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">YYYY</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				2.2B END DATE	DD	MM	YYYY								
2.2A START DATE	DD	MM	YYYY																										
2.2B END DATE	DD	MM	YYYY																										
2.3	EXPECTED TOTAL NO.OF ENTRIES																												
2.4	VENUE ADDRESS																												
2.4A	CONTACT PERSON AT VENUE																												
2.4B	CONTACT NO																												

### 3 SAFETY & BASIC AMENITIES

			TICK THE BOXES AS APPROPRIATE			YES	NO	EXPLANATION (IF ANY)	
3.1	TRANSPORTATION	3.1A	Is there public transport facility to reach the venue?						
		3.1B	Does the venue have two wheeler parking facility for the expected no. of participants?						
		3.1C	Does the venue have four wheeler parking facility for 15% of the expected no. of participants?						
3.2	SANITARY FACILITIES	3.2A	Does the venue have sufficient toilets?						
		3.2B	Are the toilets clean and in usable state?						
3.3	SAFETY	3.3A	Does the venue have open space like ground or auditorium?						
		3.3B	Are there any rooms with thatched roof and is counted for conduct of tournament?						
		3.3C	Do the rooms have sufficient ventilation?						
		3.3D	Are the main entrance and exit of the venue broad enough to allow free entry and exit in case of emergency?						
		3.3E	Is there space in the venue to accommodate parents and spectators during the tournament?						

### 4 CATEGORIES AND PRIZES

		TICK THE BOXES AS APPROPRIATE							
4.1	CATEGORIES	CATEGORY	BOYS	GIRLS	CATEGORY	BOYS	GIRLS	CATEGORY	
		UNDER 7/8			UNDER 13/14			MEN	
		UNDER 9/10			UNDER 15/16			WOMEN	
		UNDER 11/12			UNDER 17/18			OPEN	
4.2	PRIZES	TICK WHICHEVER IS APPLICABLE						YES	NO
		4.2 A CASH PRIZE							
		Total Prize Fund INR							
		Total Prize Fund in Words							
		4.2 B OTHERS (Cups,Trophies,Certificates etc)							
Total value of prizes in INR									
Total value of prize in words									

5 ENTRY FEE & ARBITER			
ENTRY FEE PER PLAYER	INR		
	NAME OF THE CHIEF ARBITER		
	PRIMARY CONTACT NO		
	E-MAIL ID		
6 AFFIRMATION			
		<p><b>I HEREBY SOLEMNLY AFFIRM TO ABIDE BY THE RULES AND REGULATIONS OF CDCA AND PROMISE TO FULFIL THE BELOW MENTIONED KEY INSTRUCTIONS</b></p> <p>6.1 Submit the list of participants &amp; pairing of Round 2 through email to cdca64@gmail.com or handover to nominated CDCA Official in person at the event venue</p> <p>6.2 That date of birth certificates with the AICF/TNSCA/CDCA Players registration forms will be collected from all players in all tournaments/ Championships and send them to the TNSCA/CDCA immediately after the tournament.</p> <p>6.3 Collect CDCA player registration fee of <b>Rs.100/=</b> only</p> <p>6.4 Collect the duly filled &amp; signed CDCA player registration forms along with copy of Date of Birth Certificate &amp; Adhar Card.</p> <p>6.5 Remit the AICF,TNSCA,CDCA player registration fee along with all supporting documents to the secretary, CDCA within <b>TEN DAYS</b> from the conduct of the tournament.</p> <p>6.6 Remit the levy of 5% on the total tournament entry fee collected to CDCA through Demand Draft (refer 7.1 for DD details) within <b>TEN DAYS</b> from the conduct of the tournament.</p> <p>6.7 Submit tournament report on the end date of event, detailing the total no. of participants, winners in each category and chief guest for the Prize Distribution ceremony</p>	
7 PAYMENT			
		<p>7.1 CHEQUE / DEMAND DRAFT FOR <b>Rs.1000/=</b> IN FAVOUR OF CHENNAI DISTRICT CHESS ASSOCIATION, PAYABLE AT CHENNAI</p> <p>7.2 This bid form is an application and approval is subject to verification and availability of proposed dates.</p> <p>7.3 The bid form amount paid is non-refundable</p>	
8 SIGNATURE OF ORGANISER			
		<p>8.1 <b>I HEREBY DECLARE THAT I HAD READ THROUGH THE FORM COMPLETELY AND ACCEPT TO ABIDE BY THE PREVAILING NORMS OF DISTRICT AND ITS PARENT BODIES.</b></p> <p>8.2 SIGNATURE OF THE ORGANISER</p>	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center; font-size: small;">SIGNATURE</div>
<p><b>THE CDCA TEAM SHALL RESPOND WITHIN 3 WORKING DAYS TO DETAIL THE NEXT STEPS, FROM THE DATE OF RECEIPT OF THIS FORM.</b></p>			