**4th Norfolk Blitz Tournament**

**Monday 27th May 2024**

**Starting at 10.30 am**

**Horstead Tithe Barn, Rectory Road, Horstead, NR12 7EP**

**Rounds 1-4 10.30 - 12.10**

**Lunch Break 12.10 - 13.10**

**Rounds 5-7 13.10 - 14.25**

**Rounds 8-10 14.35 - 15.50**

**Play Off (if required) 16:00**

**Rate of Play: 5 minutes plus 2 seconds per move**

**Entry Fee £15(adults) £10 (Juniors)**

**LIMITED TO 44 ENTRANTS**

**Closing date for entries 7pm Saturday 25th May 2024**

**ECF Blitz or ECF Rapidplay ratings used or, if neither, ECF Standard play ratings.** Unrated players will be allocated a rating but will be ineligible for any rating prize.

**Games will be submitted for rating data.**

**ECF Membership is not required.**

**Prizes will be dependent on entries. First, Second and rating prizes if sufficient entries.**

**FIDE Laws of Chess (Appendix B) apply. The Controller’s decision is final in all matters**

**Controller:** John Wickham (FIDE Arbiter)

**Tournament type** Dependent on entries but likely a Swiss if sufficient entries.

There will be two sections, Championship and Challengers, subject to sufficient entries

**Refreshments-** Tea, Coffee and biscuits will be available.

There are places to purchase food nearby, but you may wish to bring your own lunch.

**Payment:**

Please pay by bank transfer using Account No. 44416568 and Sort Code 30-90-90. Account name: Norfolk County Chess Association.

If using this method, then quote your name in the comments and email John Wickham (j.r.wickham@btinternet.com) to confirm payment has been made.

If unable to pay by bank transfer, then send a cheque payable to Norfolk County Chess Association to John Wickham at the address above.

**On Line entry Form:**

[**https://forms.gle/uhE8oqCtkg9jzZR9A**](https://forms.gle/uhE8oqCtkg9jzZR9A)

**Entry Form** Please complete in Block Capitals and email the details or send to John Wickham, 55 Shakespeare Way, Taverham, Norwich, NR8 6SL or send the details by email: j.r.wickham@btinternet.com Tel: 07808 876785

**Full Name: …………………………………………………………………**

**ECF Rating No: ………………………………………………….**

**Blitz/Rapidplay Rating….……**

**If none then Normal Play Rating: ………**

**Date of Birth (Juniors only) ………………**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Code: Email:**

**Bye Required in Round 1- Yes No (Ring as appropriate)**

**Tel No:**

**Entry Fee paid £………….**

**Donation (Gratefully Received) £………….**

 **Total £…………..**