

# CALIFORNIA CHESS CAMP

*Sponsored by CHESS FOR JUNIORS & BAKERSFIELD GOOD SAMARITAN HOSPITAL*

**When:** Saturday & Sunday, June 5 & 6, 2004, 9:30 am to 6 pm each day.

**Where:** Good Samaritan Hospital Conference Room, 901 Olive Dr., Bakersfield, CA.

**Who:** Beginning/Intermediate level students, ages 7-17 – limited to 32 students daily.

**Instructor:** Robert M. Snyder, National Chess Master (International Rating: 2405). Mr. Snyder is one of the top chess trainers in the country. His students have won first place 35 times (the national record) as individuals in Championship sections at the National Scholastic Championships. He is author of the best selling chess books in the country, CHESS FOR JUNIORS (\$15) & UNBEATABLE CHESS LESSONS FOR JUNIORS (\$16) available at the camp.

**About the Camp:** Students will receive approximately 5 hours of instruction each day in addition to supervised practice sessions. Lunch will be from 12-12:45 pm (either bring lunch or lunch money (there is a KFC directly across the street)).

**Fee:** \$90.00 for two days, \$55 for one day. There is a discount of \$10 for 2 days and \$5 for one day if your registration is received by April 1, 2004. No part of the registration fee is refundable or transferable.

**Information:** Registration or Instruction – Robert M. Snyder, Phone: 970-377-0011, Cell: 970-222-7114, e-mail: [robert@chessforjuniors.com](mailto:robert@chessforjuniors.com), [www.chessforjuniors.com](http://www.chessforjuniors.com). Directions or Area lodging: David Huff, Phone: 661-215-7503.

---

**CALIF CAMP REGISTRATION FORM (may fax or mail to 970-377-0022 with credit card, or mail to Chess For Juniors, 2619 Silvercreek Dr., Fort Collins, CO 80525 – check payable: CFJ)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date(s) of Attendance \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ E-mail \_\_\_\_\_

Name on Card \_\_\_\_\_ Amount Enclosed or Being Charged \$ \_\_\_\_\_

I have read the information on this flyer and request that my child be permitted to participate in the above chess camp. It is understood that the fee paid is not refundable or transferable and that students must meet good behavior standards and may be removed from the camp without refund for refusing to meet this condition of attendance at the sole discretion of Mr. Snyder. I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate. I, as parent or legal guardian of this child, hereby waive, release, discharge, indemnify, insure and hold harmless Chess For Juniors, Robert Snyder, Good Samaritan Hospital and their employees, volunteers or agents, and/or staff, from any claims arising out of, or relating to, any injury to said individual while participating in this chess camp. I, as parent or legal guardian of this child hereby waive any rights to the taking and use of photographs (including posting on [www.youthchess.com](http://www.youthchess.com) & [www.chessforjuniors.com](http://www.chessforjuniors.com), or any promotional material), including video and audio taking during the chess camp.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_