

The Hawaii Chess Federation
presents

The 1st Annual Uzbek Dragon Winter Camp (GM Timur Gareev)

- ❑ **When:** Wednesday – Sunday, 19-23 December 2012
- ❑ **Instructors:** GM Timur Gareev assisted by NM Cornelius Rubsamen. GM Gareev is currently ranked in the Top 100 of the World, and THIRD in the USA behind GM Kamsky and GM Nakamura. Latest recipient of the Frank P. Samford, Jr. Chess Fellowship. (See biography at www.ChessHarmony.com).
- ❑ **Where:** Washington Middle School Library ANNEX.
- ❑ **ADVANCE REGISTRATION FEE, if received by Wednesday, November 21st, (before Thanksgiving):** \$300
- ❑ **Registration fee if received by Friday, December 15th, 2012:**
 - ❑ All 5 days: \$400
 - ❑ Five ½-days: \$250
 - ❑ Each Day: \$100
- ❑ **On site registration or if received after Friday, December 15th, 2012.**
 - ❑ All 5 days: \$450
 - ❑ Five ½-days: \$300
 - ❑ Each Day: \$120
- ❑ **Sibling and Immediate Family Member discounts available**
- ❑ **Daily schedule:**

0800-0900: SIGN-IN: Breakfast w/Coaches, Early Chess Practice and Games, Planning
0900-1200: Morning Classes
1200-1300: SIGN-IN, Lunch w/Coaches
1300-1600: Afternoon Classes
1600-1700: FREE HOUR, Chess Practice/Games

- ❑ Mail registration and fees to:

Guy P. Ontai
94-303 Nanamua Place
Mililani, HI 96789

or PAYPAL: gpontai@gpontai.com

- ❑ **Questions:** (808) 371-2145 or ontai@ontai.us or gpontai@gmail.com
- ❑ **Latest Information :** www.hawaiiichess.org

Contact and Authorized Pick Up Information For Minors

Student Camper's Name: _____

Date of Birth: _____ School _____ 2012-13 Grade _____

Address: _____

City: _____ State: _____

Home Phone: (____) _____ - _____ T-shirt size: YM YL AS AM AL XL

E-Mail (if you check it at least twice a week): _____ @ _____

Names of those people who are authorized to pick up your child from camp:

#1) Name: _____ Relation: _____ Phone: (____) _____ - _____

#2) Name: _____ Relation: _____ Phone: (____) _____ - _____

Medical Information

Please list any medical conditions or allergies: _____

Please list any medications that your child is currently taking: _____

Please list any medications to be administered at camp, dosages, and times to be administered:

Medical Insurance Company: _____

Name of Insured: _____

Type of Policy: _____

Policy Number (I.D. #): _____

Group Number: _____

Emergency Treatment Authorization

"I authorize the individuals working with the Camp to provide any and all necessary medical treatment for my child, at my expense. I agree to hold the Camp Staff and drivers harmless from all liability for any injuries my child may receive while participating in this camp."

Parent or Legal Guardian Signature: _____ Date: _____

