

Aeroflot Open 2019

Registration Form

Surname:		FIDE ID:
First name:		Elo:
Date of birth: (dd.mm.yy)	Sex:	Title:
Place of birth:		
Address:		
City:	Country:	
Tel:	Fax:	
E-mail:		
In which country (and city) you will apply for the visa to come to Moscow:		
Itinerary (for air-tickets):		
Date of Arrival:	Date of Departure:	
Passport Number:		
Date of issue:	Expiry Date:	
Package payment made (date, how much):		

Please return this registration form to the Association of chess federations

Tel: +7-985-763-36-16

fax: +7-495-635-56-84

e-mail: aeroflotchess@gmail.com