

William Land Chess Club Application Form 26-27

Student's First Name: _____

Student's Last Name: _____

Grade: _____ Teacher: _____

1st Parent's First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

2nd Parent's First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

After class student will be: (please circle one)

- ☐ Picked up by parent/guardian
- ☐ Participating in Lion's Den after school program

Chess Club will meet on **Thursdays from 4:00 to 5:00 PM**, usually in the library. **First meeting is on October 15, 2026.**

Chess Club is **only for students in Grades 2nd thru 6th.**

Please wait until you are notified that your child has been accepted before giving me a payment.

Cash donation of \$200.00 is requested at the first club meeting.

Club rules.

- 1) There is **no eating** allowed.
- 2) Always treat each other with **courtesy and respect.**
- 3) Students who continue to **disobey the rules will be dropped** from the club.
- 4) Students who **miss 2 consecutive meetings will be dropped** and replaced by the student at the top of the waiting list.
Does not include sick or vacation days.

Parent's Signature: _____

Date Signed: _____

Turn in applications into the chess club box located in the office between August 19th thru September 6th.